

Case Number:	CM14-0055250		
Date Assigned:	07/07/2014	Date of Injury:	04/10/2011
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male who reported an injury on 04/11/2011, due to cumulative trauma. On 10/25/2013, the injured worker presented with persistent low back pain. He also reported pain in the bilateral shoulders, bilateral upper extremities, and right ankle. Examination of the cervical spine revealed tenderness to the cervical paravertebral muscles and upper trapezial muscles with spasm. The axial loading compression test and Spurling's maneuvers were positive and painful restricted cervical range of motion. Examination of the bilateral shoulders revealed a well healed left shoulder scar, tenderness at the right shoulder subacromial space and acromioclavicular joint. There was a positive impingement and Hawkin's sign. There was pain with terminal motion and limited range of motion of the right shoulder. Examination of the upper extremity is noted tenderness at the right lateral epicondyle with a positive Cozen's sign. There was pain with forced dorsiflexion at the wrist. Examination of the lumbar spine revealed tenderness of the lumbar paravertebral muscles and pain with terminal motion. Examination of the bilateral knees noted tenderness at the knee joint line and a positive patellar compression test. There is pain with terminal flexion with crepitus. The right ankle had noted tenderness to the right Achilles tendon and anterolateral aspect of the ankle and pain with terminal motion. The diagnosis were not listed at the time of this note and there was no mention of prior therapies. The provider recommended Medrox patches with a quantity of 30, date of service 03/26/2013, the provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medrox Patch #30 DOS: 03/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111 Page(s): 111.

Decision rationale: The request for Medrox with a quantity of 30, date of service 03/26/2013 is not medically necessary. The California MTUS Guidelines indicate that topical analgesia are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Capsaicin is recommended only as an option to injured workers who have not responded or are intolerant to other treatments. Additionally, it indicates that topical salicylates are approved for chronic pain. Medrox is comprised of menthol and capsaicin. There is lack of documentation that the injured worker is unresponsive to or intolerant to other treatments. There is also lack of evidence of a failed trial of a first line therapy of antidepressants or anticonvulsants. The provider's request does not indicate the frequency of the medication, the dose of the medication or the site that the Medrox patch is intended for in the request as submitted. As such, the request is not medically necessary.