

Case Number:	CM14-0056639		
Date Assigned:	07/09/2014	Date of Injury:	07/14/2000
Decision Date:	12/31/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old with an injury date on 7/14/00. Patient complains of low lumbar pain rated 7-8/10 without medications, and 4/10 with medications per 3/24/14 report. Patient also has cervical pain and bilateral shoulder pain that is no longer constant, but "comes and goes" and is aggravated by excessive activity per 3/24/14 report. Based on the 3/24/14 progress report provided by the treating physician, the diagnoses are: 1. thoracic sprain 2. lumbar strain 3. spondylolisthesis 4. cervical strain 5. bilateral shoulder sprain. An Exam on 3/24/14 showed "C-spine range of motion close to normal but uncomfortable at extreme range. Bilateral shoulder range of motion is full. L-spine range of motion is full." Patient's treatment history includes medication, home exercise program, and acupuncture. The treating physician is requesting medrox ointment. The utilization review determination being challenged is dated 4/23/14. The requesting physician provided treatment reports from 11/18/13 to 3/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific.

Decision rationale: This patient presents with lower back pain, neck pain, and bilateral shoulder pain. The treater has asked for medrox ointment on 3/24/14. Patient was prescribed Medrox ointment per 1/27/14 report. MTUS states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox ointment contains capsaicin 0.0375%, menthol 5%, methyl salicylate 20%. MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments." Furthermore, MTUS indicates capsaicin efficacy for peripheral neuropathies at a 0.025% formulation, with no studies of the efficacy of a 0.0375% formulation. In this case, there is no discussion about the patient's intolerance or failure to respond to other therapies and the guidelines do not support a 0.375% capsaicin formulation, thus the entire compounded product is not recommended. Furthermore, methyl salicylate contained in Medrox ointment is a topical NSAID. MTUS limits use of topical NSAIDs to peripheral joint arthritis/tendinitis. This patient does not present with peripheral joint arthritis nor tendinitis. This request is not medically necessary.