

Case Number:	CM14-0063988		
Date Assigned:	07/11/2014	Date of Injury:	08/02/2008
Decision Date:	08/27/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 patient is a 47-year-old male with an 8/2/08 date of injury. Progress note dated 3/5/14 described complaints of left shoulder pain, low back pain, bilateral knee pain, and pain that radiates to the right foot with numbness and tingling in the right leg, as well as anxiety and depression. Clinically, there is decreased grip strength on the left, reduced range of motion in the left shoulder secondary to pain, spasms; positive impingement testing; and reduced lumbar range of motion secondary pain with spasms. SLR was positive on the right, as well as lumbar facet testing. In the knee there was limited range of motion bilaterally with positive McMurray's on the left. Left shoulder surgery was requested. Medications included topical creams. 1/24/14 progress note described treatment for irritable bowel syndrome. The patient remained permanent and stationary, but required continued treatment. The treatment plan discussed continuing medications. 10/7/13 progress note documented that the patient continues to utilize Ibuprofen and Norco. Current medications were instructed to be continued. Diagnosis included left frozen shoulder/adhesive capsulitis, left shoulder rotator cuff syndrome, left shoulder sprain/strain; lumbar spine stenosis; right L5 radiculopathy; left L4 radiculopathy; status post lumbar spine surgery L4-5; right knee sprain/strain; status post left knee surgery; right knee internal derangement; right lower extremity sciatica; synovitis/tenosynovitis; osteoporosis; stress and anxiety secondary to industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter, Capsaicin and on Other Medical Treatment Guideline or Medical Evidence: dailymedplus.com.

Decision rationale: Medical necessity for the requested Medrox patches is not established. Medrox Patches to contain 0.0375% Capsaicin, 5% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. There is no clear rationale for using this medication as opposed to supported alternatives. There is no discussion regarding reduction in PO medication use, functional improvement, or reduction in VAS scores. Therefore, the request is not medically necessary.

Compound: Capsaicin 0.025%/ Flurbiprofen 15%/ Menthol 2%/ Camphor 2%, 240 GM with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Medical necessity for the requested topical medication is not established. CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs, Lidocaine, Capsaicin in a 0.0375% formulation, muscle relaxants, and Gabapentin are not recommended for topical applications. There is no clear rationale for using this medication as opposed to supported alternatives. There is no discussion regarding reduction in PO medication use, functional improvement, or reduction in VAS scores. In addition, it is unclear why two topical agents were requested. The request is not medically necessary.