MAXIMUS Federal Services

Case Number:	CM14-0068534		
Date Assigned:	07/14/2014	Date of Injury:	01/23/1998
Decision Date:	09/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 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:

This patient sustained an injury on 1/23/1998 while employed by [redacted]. Request under consideration include Retrospective usage of Medro Cap 0.0375% and Prospective usage of Medro Cap 0.0375%. Diagnoses include low back pain s/p lumbar laminectomy (undated); revision of cervical discectomy/fusion July 2013. Report of 4/8/14 from the provider noted the patient with continued chronic low back pain radiating down left lower extremity and had underwent lumbar epidural steroid injection on 3/6/14. The patient has deferred any further epidural treatment but would like to discuss possible surgery. Medications list Paroxetine HCL and Motrin. Exam showed lumbar spine with tenderness over paraspinous muscles and right SI joint; positive SLR. Conservative care has included medications, physical therapy, steroid epidural injections, and modified activities/rest. The provider recommends lumbar decompression/fusio of L5-S1. The request for Retrospective usage of Medro Cap 0.0375% and Prospective usage of Medro Cap 0.0375% were non-certified on 5/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Medro Cap 0.0375%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsNon-steroidal anti-inflammatory agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox patches over 0.025% has not been shown to be more efficacious. The Retrospective usage of Medro Cap 0.0375% is not medically necessary and appropriate.

Prospective usage of Medro Cap 0.0375%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Non-steroidal anti-inflammatory agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Page(s): 111-113.

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