

Case Number:	CM14-0070316		
Date Assigned:	07/14/2014	Date of Injury:	03/11/2012
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Family 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:

This is a year old male patient who reported an industrial injury on 3/11/2012, attributed to the performance of his job tasks as a firefighter. The patient has been assessed with the diagnoses of cervical discopathy; bilateral shoulder impingement; lumbar discopathy; double crush syndrome; cubital tunnel syndrome; bilateral knee internal derangement; and bilateral plantar fasciitis. The patient has been diagnosed with industrial asthmatic bronchitis and right orchialgia. The patient has been prescribed Medrox patches (methyl Salicylate, Menthol, Capsaicin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Medrox patches, QTY: 60 for the date(s) of service 06/12/13:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Food and Drug Administration, December 05, 2006-News Release-FDA and Official Disability Guidelines (ODG), Topical Compounded Medications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter topical analgesics, topical analgesic compounded.

Decision rationale: The prescription for Medrox patches #60 is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS and the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of the topical patches #60 does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams/patches on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Medrox patches #60 is not supported by the applicable CA MTUS and ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for capsaicin cream is not medically necessary for the treatment of the patient's orthopedic complaints. The prescription of capsaicin topical compounded cream is not recommended by the CA MTUS for the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of Medrox patches #60 for the treatment of chronic neck and UE pain. The prescription of Medrox Patches #60 for date of service 6/12/2013 was not medically necessary for the treatment of the reported chronic pain for the effects of the industrial injury.

Retrospective request for Medrox patches, QTY: 60 for the service date(s) of 03/20/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Food and Drug Administration, December 05, 2006-News Release-FDA and Official Disability Guidelines (ODG), Topical Compounded Medications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter topical analgesics, topical analgesic compounded.

Decision rationale: The prescription for Medrox patches #60 is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS and the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of the topical patches #60 does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams or patches are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Medrox patches #60 is not supported by the applicable CA MTUS and ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for capsaicin cream is not medically necessary for the treatment of the patient's orthopedic complaints. The prescription of capsaicin topical compounded patches is not recommended by the CA MTUS for the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of Medrox patches #60 for the treatment of chronic neck and UE pain. The prescription of Medrox Patches #60 for DOS 3/20/2013 was not medically necessary for the treatment of chronic pain for the effects of the industrial injury.