

Case Number:	CM14-0070370		
Date Assigned:	07/14/2014	Date of Injury:	02/09/2009
Decision Date:	09/22/2014	UR Denial Date:	05/01/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48 year old female who reported an injury on 02/09/2009. The mechanism of injury was not provided. Diagnoses listed were facet degenerative joint disease, lumbar disc disease, and right sacroiliac joint arthropathy status post sacroiliac joint injection. Past medical treatments included a rhizotomy on 07/16/2013. The clinical documentation was handwritten and hard to decipher but the legible information on 03/20/2014 was that the injured worker complained of low back pain with intermittent radiating pain to the right leg, joint pain, and muscle spasm. She rated the pain 7/10 on a pain scale and stated that the pain increases with lifting, bending, stooping, and sitting for greater than 30 minutes. Upon physical examination, she was noted to have limited range of motion, spasm decreased sensation to bilateral hands. The medications noted were norco 10/325 mg, fexmid 7.5 mg, and medrox ointment. The treatment plan was to continue use of wrist braces, ice application, medications, to continue home exercise, and home EMS unit. The rationale for the request was not provided. The request for authorization form was signed and submitted on 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment/lotion 120mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Medrox ointment/lotion 120 mg is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox ointment does contain 20 % of methyl salicylate, 5 % menthol, and 0.0375% of capsaicin. The California MTUS Guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The proposed cream contains 0.0375% formulation of capsaicin. Furthermore, there was no frequency provided. Therefore, the request is not medically necessary.