

Case Number:	CM14-0072397		
Date Assigned:	07/16/2014	Date of Injury:	08/31/2008
Decision Date:	09/22/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The records presented for review indicate the injured worker is a 59 year old male injured on 08/31/08 while lifting a message bar, injuring his hands and back. Clinical note dated 12/20/12, indicate the injured worker presented with complaints of constant low back pain, radiating to right hip, as well as, right and left knee pain, and numbness and burning to bilateral hands. Clinical note dated 03/03/13, indicates the injured worker's diagnoses include status post cervical surgery, right knee medical meniscus tear, lumbar disc bulge, and right shoulder acromioclavicular arthritis. The injured worker is status post three epidural steroid injections, receiving the final injection in January of 2013. The prior utilization review denied request for retrospective request for medication Medrox patch dispensed on 3/5/13, on 04/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication Medrox patch dispensed on 3/5/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105.

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

Decision rationale: Medrox contains Methylsalicylate, Menthol and Capsaicin. According to the CA MTUS guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox patch contain methyl salicylate "NSAIDs" which is recommended for short time (4-12 weeks) in cases of osteoarthritis, but is not recommended in neuropathic pain as there is no evidence to support use, and Capsaicin which is recommended only as an option in patients who have not responded or intolerant to other treatments; In the absence of documented failure response or intolerance to first line treatment, and as this medication contains one compound that is not recommended, according to the guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the request is not medically necessary.