

Case Number:	CM14-0079521		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2011
Decision Date:	09/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 California 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 injured worker is a 38-year-old male who reported an injury on 11/01/2011 due to an industrial injury. The injured worker had a history of pain, cramping, instability and soreness to the left ankle. The diagnosis included lumbar radiculopathy, derangement of joint not otherwise specified of ankle and foot, and gastroduodenal disorder. The past treatments included 8 sessions of acupuncture and 3 sessions of the electroacupuncture, medication, a CAM walker, and an ankle/foot orthosis brace. No pertinent surgical history available. The objective findings dated 04/24/2014 to the left ankle revealed tenderness to palpation at the joint line and joint effusion. The Medications included orphenadrine ER 100 mg, Medrox pain relieving ointment, hydrocodone, and naproxen 550 mg. The reported pain was 3/10 using the VAS. The treatment plan included to followup with psychiatry for psychological symptoms, continue medications, authorization for left ankle surgery, followup with the podiatrist for surgical purposes and to undergo a course of physical therapy. The rationale for the Medrox pain ointment was not provided. The Request for Authorization dated 04/24/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Capsaicin, Topical Page(s): page 28 page 111-113.

Decision rationale: For the decision for Medrox pain ointment is not medically necessary. The California MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The Formulation includes Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Topical analgesics are not recommended if 1 component within the topical is not recommended. Medrox contains capsaicin as one of the components; therefore, it is not recommended. The request did not indicate the frequency. As such, the request is not medically necessary.