

Case Number:	CM13-0008425		
Date Assigned:	12/27/2013	Date of Injury:	04/24/2009
Decision Date:	04/13/2015	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 40-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 24, 2009. In a Utilization Review Report dated July 24, 2013, the claims administrator failed to approve request for topical Medrox ointment reportedly dispensed on June 24, 2011. A variety of MTUS and non-MTUS Guidelines were referenced, including now the now-outdated, now-renumbered MTUS 9792.20e. On June 24, 2011, the applicant was described as working despite ongoing complaints of low back pain. Medication selection and medication efficacy were not detailed. In an RFA form dated July 15, 2013, the attending provider sought retrospectively authorization for Medrox ointment dispensed on June 14, 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT 120GM X 2 #240 DOS 6/14/11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines Page 28 of 127. Decision based on Non-MTUS Citation DailyMed - MEDROX- menthol, capsaicin and methyl. dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017. Label: MEDROX- menthol, capsaicin and methyl salicylate patch.

Decision rationale: No, the request for Medrox ointment was not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM), is an amalgam of menthol, capsaicin, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, one of the ingredients in compound, is not recommended except as a last line agent, for applicants who have not responded to or are intolerant of other medications. Here, however, sole progress note provided contained no references to intolerance to and/or failure of multiple classes of first line oral pharmaceuticals. Therefore, the capsaicin-containing Medrox ointment was not medically necessary.