

Case Number:	CM13-0009731		
Date Assigned:	05/06/2015	Date of Injury:	11/07/2012
Decision Date:	06/03/2015	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/12/2013

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: North Carolina

Certification(s)/Specialty: Family Practice

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 year old male, who sustained an industrial injury on 11/7/12. He reported initial complaints of work related motor vehicle accident injuring his cervical spine with radiating pain to bilateral upper extremities. The injured worker was diagnosed as having cervical discopathy; lumbar discopathy; cervicgia; right shoulder impingement; right S1 radiculopathy. Treatment to date has included physical therapy; status post cervical therapeutic epidural steroid injection (5/2/13). Diagnostics included MRI lumbar spine (1/16/13); MRI thoracic spine (1/16/13); MRI cervical spine (1/16/13); EMG/NCV lower extremities (1/10/13). Currently, the PR-2 notes dated 6/11/13 indicated the injured worker was seen in this office for pain medicine follow-up visit and re-examination. He complains of low back pain that is non-radiating. He also complains of neck pain that is non-radiating. His pain level is unchanged with average pain level at 2/10 with medications and 4-7/10 without medications. His interval history includes no relief with cervical epidural steroid infusion (5/2/13) and current pain medications per PTP (Norco and Ibuprofen). The physical examination reveals the injured worker to be in slight distress. The range of motion per cervical spine revealed moderate reduction secondary to pain. It was noted tenderness to palpation of the spinal vertebral cervical C4-7 level. The provider's treatment plan included a request for Medrox Patch (capsaicin 0.0375%/menthol 20%/methyl salicylate 5%) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch (capsaicin 0.0375% / menthol 20% / methyl salicylate 5%) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded medications. Decision based on Non-MTUS Citation Official Disability Guidelines - Salicylate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.