

Case Number:	CM13-0013645		
Date Assigned:	06/06/2014	Date of Injury:	10/07/1983
Decision Date:	12/09/2015	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

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 67-year-old who has filed a claim for chronic foot, forearm, wrist, and elbow pain with derivative complaints of insomnia reportedly associated with an industrial injury of October 7, 1983. The claims administrator reportedly failed to approve a request for topical Medrox through the Utilization Review process. The applicant's attorney subsequently appealed, via a letter dated September 4, 2013. On an order form dated July 23, 2013, Prilosec, tramadol, and tizanidine were endorsed, seemingly without much supporting commentary. On September 16, 2013, the applicant reported ongoing complaints of hand and wrist pain. On May 31, 2013, the applicant was placed off of work, on total temporary disability, while Ultram, Zanaflex, and Prilosec were all seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox 20/5/0.0375% #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation National Library of

Medicine (NLM), DailyMed - MEDROX- menthol, capsaicin and methyl...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017.

Decision rationale: No, the request for topical Medrox 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 topical capsaicin, i.e., the secondary ingredient in the Medrox amalgam, is recommended only as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of numerous first-line oral pharmaceuticals to include tramadol and Zanaflex effectively obviated the need for the capsaicin-containing Medrox compound at issue. Therefore, the request was not medically necessary.