

Case Number:	CM13-0017140		
Date Assigned:	12/27/2013	Date of Injury:	05/18/2011
Decision Date:	02/28/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/27/2013

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 55 year old male with a work injury dated 05/10/1981. The mechanism of injury is not documented. On 08/06/2013 the injured worker (IW) was complaining of neck pain that was aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. He also complained of low back pain and had some weakness with squatting. Physical exam revealed tenderness at the cervical paravertebral muscles. There was pain with terminal motion and limited range of motion. Axial loading compression test and Spurling's maneuver were positive. There was tenderness in the anterior glenohumeral region and subacromial space with positive Hawkins' and impingement sign. Examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscle. Seated nerve root test was positive. There was tenderness at the left knee joint line with a positive McMurray's sign. Patellar compression test was positive. Diagnoses were:- Cervical discopathy- Lumbar discopathy- Left shoulder impingement, rotator cuff pathology- Internal derangement of left hip- Status post right total hip replacement- Internal derangement left knee. Work status was temporarily totally disabled. Previous treatment included medications, surgery and physical therapy. The provider requested Medrox patch # 30 on 08/06/2013. On 08/22/2013 utilization review issued the following decision: There is no documentation of efficacy with prior usage of this medication such as measurable decrease in claimant's pain or an increase in claimant's ability to function. In addition there is no documentation of failed trials of anticonvulsants and antidepressants medication. Previous review dated 04/10/2013 indicated the need to submit the aforementioned evidence in order to

warrant certification of this medication. There is no documentation that the claimant has been unresponsive to all other treatments. Considering all these factors medical necessity for K Medrox patches # 30 is not established. Non-certification is recommended. Guidelines cited were MTUS, Chronic Pain Medical Treatment Guidelines, Topical Medications. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCH #30 DOS: 8/6/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Medrox patch #30 date of service August 6, 2013 is not medically necessary. Medrox contains capsaicin 0.0375%, methyl salicylate, and menthol. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants failed. Any product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no current indication for an increase in the percentage of capsaicin over 0.025% that would provide further efficacy. In this case, the injured worker's working diagnoses are cervical discopathy; lumbar discopathy; left shoulder impingement; rotator cuff pathology; status post right total hip replacement October 2012; internal arrangement left hip; and internal derangement left me. The injured worker has complaints of neck pain aggravated with repetitive motion, right hip pain and is awaiting less knee surgery. The neck examination is notable for tenderness to palpation over the cervical paraspinal muscle groups. Left shoulder has tenderness. The Medrox patch has an unknown start date. The documentation does not contain objective functional improvement associated with its use. Additionally, Medrox contains capsaicin 0.0375%. Capsaicin over 0.025% does not provide further efficacy and there is no indication for a greater percentage. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Medrox and the non-recommendation of Capsaicin 0.0375%, Medrox patch #30 date of service August 6, 2013 is not medically necessary.