

Case Number:	CM13-0017963		
Date Assigned:	11/06/2013	Date of Injury:	10/12/2011
Decision Date:	01/19/2015	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Family Medicine 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:

59 year old female claimant sustained a work injury on 10/12/11 involving the low back and knee. She was diagnosed with lumbar degenerative disc disease. X-rays of the lumbar spine in July 2013 showed loss of disc height at L3-L5. The claimant had been treated with NSAIDs and muscle relaxants for pain control. Due to persistent pain and inflammation, topical Medrox was prescribed in 2013. Additional clinical notes relating to the need for topical analgesics and clinical response to medication is not provided. In 2014, the claimant was on topical Lidocaine for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch #30, DOS: 7/18/13: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: Medrox contains: Methyl Salicylate 5%, Menthol 5%, Capsaicin 0.0375%. The uses of compounded agents have very little to no research to support their use. According to

the MTUS guidelines, Capsaicin is recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsaicin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Medrox is not medically necessary.