

Case Number:	CM13-0018373		
Date Assigned:	12/11/2013	Date of Injury:	11/23/2012
Decision Date:	04/02/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 11/23/2012. She has reported left foot/ankle pain after slipping and twisting the foot inward. The diagnoses have included left ankle sprain. Treatment to date has included ice/heat, rest, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy. Currently, the IW complains of left ankle pain. Physical examination from 5/23/13 documented pain and tenderness in the left lateral portion of the ankle and foot with reproducible symptomatology and paresthesia in the dorsum foot and crepitation. She also complained of bilateral knee pain. Magnetic Resonance Imaging (MRI) obtained 4/3/13 significant for fluid within the ankle joint, plantar fasciitis, and no abnormalities of ligaments and tendons. The plan of care included a steroid injection to the right knee on that date and continuation of previously prescribed medications. On 8/19/2013 Utilization Review non-certified Medrox Patch #30 from date of service 7/30/2013. The MTUS, ACOEM, and ODG Guidelines were cited. On 8/29/2013, the injured worker submitted an application for IMR for review of Medrox Patch #30 from date of service 7/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCH, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine. Salicylate topicals Page(s): 105, 111-113.

Decision rationale: This patient presents with left foot/ankle pain, and bilateral knee pain. The treater has asked for MEDROX PATCH #30 but the requesting progress report is not included in the provided documentation. The utilization review letter dated 8/19/13 states the requesting date of service for the patch was 7/30/13. The patient is using Medrox ointment, which contains the same concentrations of Capsaicin and Menthol as the Medrox patch, in the 2/14/13 report and the 5/23/13 report. MTUS states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox patches contain capsaicin 0.0375g per 100g, menthol 5g per 100g. MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments." Furthermore, MTUS indicates capsaicin efficacy for peripheral neuropathies at a 0.025% formulation, with no studies of the efficacy of a 0.0375% formulation. The patient is temporarily totally disabled. In this case, there is no discussion about the patient's intolerance or failure to respond to other therapies. It appears the treater is attempting a switch from the topical Medrox to the Medrox patches. The guidelines, however, do not support a 0.375% capsaicin formulation; thus the entire compounded product is not recommended. The request IS NOT medically necessary.