

Case Number:	CM13-0026108		
Date Assigned:	10/11/2013	Date of Injury:	04/25/2011
Decision Date:	09/10/2015	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 [REDACTED] beneficiary who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of April 25, 2011. In a Utilization Review report dated September 3, 2013, the claims administrator retrospectively denied Medrox patches apparently dispensed on or around July 18, 2013. The full text of the UR decision was not seemingly attached to the application. The applicant's attorney subsequently appealed. On July 8, 2013, the applicant reported ongoing complaints of neck, back, and shoulder pain. The applicant had ancillary issues with tremor about the hands. It was stated that the applicant felt that tremor was a function of psychological stress. The applicant denied any overt issues with Parkinsonism. The applicant was a former room technician. The applicant was on Norco, tizanidine, and Neurontin, it was reported. The attending provider then stated that he believed the applicant nether had an extension tremor versus Parkinsonism versus embellishment. The applicant was kept off of work. The Medrox patches at issue were not explicitly discussed. On August 13, 2015, the applicant was given prescriptions for Norco, tizanidine, Neurontin and Medrox for ongoing complaints of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES DISPENSED ON 7/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded medications Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - MEDROX-menthol, capsaicin and methyl, dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017, FDA Guidances & Info; NLM SPL Resources - Download Data - All Drug Label: MEDROX- menthol, capsaicin and methyl salicylate patch.

Decision rationale: No, the request for 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 stipulates that topical capsaicin is not recommended such as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals such as Norco, tizanidine, Neurontin, etc., effectively obviated the need for the capsaicin-containing Medrox compound in question. Therefore, the request was not medically necessary.