

Case Number:	CM14-0128881		
Date Assigned:	08/18/2014	Date of Injury:	03/20/2006
Decision Date:	01/26/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 40 year old patient with date of injury of 03/20/2006. Medical records indicate the patient is undergoing treatment for intervertebral disc disorder with myelopathy lumbar region and lumbar radiculopathy. The patient is status post non-industrial motor vehicle accident in 1994 with lumbar fusion surgery. Subjective complaints include pain radiating from the lower back to the sacrum and hips with numbness and tingling in lower extremities. Objective findings include restricted range of motion, straight leg raise positive on the right and palpation tenderness and spasm of the paravertebral muscles with sensation decreased bilaterally at L5 distribution. MRI from 06/09/2014 revealed L4-L5 bilateral pedicle screws at L4 and a right-sided pedicle screw at L5 level with extensive metallic artifact, no spinal or foraminal stenosis and no significant changes present in comparison to the prior exam dated 07/31/2012. MRI of sacrum and coccyx from 06/09/2014 revealed postsurgical changes in L5-S1 level and also involving the right iliac bone with no sacral lesions or evidence of sacroillitis or sacral fracture. EMG/NCV on 02/05/2009 revealed a left SI radiculopathy. Treatment has consisted of acupuncture, home exercise program, Medrox Ointment, Omeprazole, Tramadol, Cyclobenzaprine, Norco. The utilization review determination was rendered on 07/14/2014 recommending non-certification of Medrox pain relief ointment, quantity: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment, quantity: 120,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: The Medrox patches contain topical menthol, capsaicin, and salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." In this case, topical capsaicin is not supported for topical use per guidelines. As such, the request for Medrox pain relief ointment, quantity: 120 is not medically necessary.