

Case Number:	CM14-0187273		
Date Assigned:	11/17/2014	Date of Injury:	10/08/2004
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency 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:

Patient reported date of injury on 10/8/2004. No mechanism of injury was documented. Patient has a diagnosis of L4-L5, L5-S1 degenerative disc bulges, chronic bilateral L5-S1 radiculitis, peripheral neuropathy, tobacco addiction and long term opioid dependence. Medical reports reviewed last report available 10/21/14. Patient complains of bilateral distal toes numbness that now affects ankles. Had baseline unchanged weakness in legs. No bowel or bladder incontinence. Has low back pain that is 8/10, was also recently diagnosed with peripheral neuropathy. Objective exam reveals limited lumbar range of motion, extension causes SI pain. 4/5 bilateral toe flexor weakness, strength in lower extremity is otherwise intact. All toes are flexed. No rationale was provided as to why Medrox patches were requested. No imaging or electrodiagnostic reports were provided for review. Patient is currently on Duragesic patches and Percocets. Voltaire gel and Celebrex was noted in prior progress noted but not in newer progress notes. No other medications were noted on record. Independent Medical Review is for Medrox patches #unknown number requested. Prior UR on 10/27/14 recommended non-certification

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Medrox Patches (20% Methyl Salicylate, 5% Menthol, 0.0375 % Capsaicin): Upheld

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

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

Decision rationale: Medrox is a combination topical medication. It contains capsaicin, methyl-salicylate and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Methyl-Salicylate: Shown to be superior to placebo. Should not be used long term, may be effective in patient's pain. It may be considered. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective as a second line treatment. There is no documentation of any treatment failure using current therapy or failure of other 1st line treatment to even recommend a trial of capsaicin. It is not medically necessary. 3) Menthol: No data in MTUS. As per MTUS guidelines since topical capsaicin, the combination medication is not medically necessary.