

Case Number:	CM14-0187573		
Date Assigned:	11/17/2014	Date of Injury:	10/29/2013
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

The claimant has a history of a work injury occurring on 10/29/13, sustained while working as a deputy sheriff. Treatments have included physical therapy, acupuncture, trigger point injections, and medications. She was seen by the requesting provider on 08/26/14. She was having headaches and low back pain. Physical examination findings included decreased cervical and thoracic spine range of motion with paraspinal muscle tenderness and spasms. There was decreased right shoulder range of motion with positive impingement testing and right medial elbow tenderness. She had atrophy of the right hand intrinsic muscles. There was right knee tenderness with positive McMurray's testing. She had right greater trochanter and bilateral sacroiliac joint tenderness. Authorization for pool therapy and an orthopedic evaluation was requested. Medrox, cyclobenzaprine, Fioricet, Mobic, and Naprosyn were prescribed. On 10/08/14 she was having increased neck and mid back pain. She had a worsening of headaches. She was working at light duty. Physical examination findings appear unchanged. Authorization for chiropractic treatment was requested. Medications were refilled. She was continued at restricted work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for headache and low back pain. Medrox is a combination of methyl salicylate, menthol, and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, Medrox was not medically necessary.