

Case Number:	CM14-0193248		
Date Assigned:	12/01/2014	Date of Injury:	06/05/2007
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine, and is licensed to practice in Montana. 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 injured worker is a machine operator with a date of injury of 6/5/07 when she slipped and fell at work. There is an additional date of injury of 11/10/10-11/10/11 that is associated with cumulative trauma injury to the cervical spine. Treatments have included physical therapy, lumbar epidural steroid injections and medications. She continues to have multiple pain complaints. Her current diagnoses include cervical strain/sprain with degenerative disc disease and radiculopathy, lumbar strain/sprain with lumbar degenerative disc disease and lumbar radiculopathy, thoracic strain/sprain, bilateral shoulder strain, right elbow medial and lateral epicondylitis, bilateral knee sprains, right wrist sprain/strain, anxiety, depression, GERD, and sleep disturbance. The primary treating physician has requested Medrox (DOS 9/26/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective : Medrox DOS: 9/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical.

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

Decision rationale: Medrox ointment and patches are combination medications containing methyl salicylate, capsaicin and menthol. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate is a volatile oil with a characteristic wintergreen odor and taste, used as a flavoring agent and as a topical counter-irritant for muscle pain. The salicylate component is an ant-inflammatory agent. Topical non-steroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials with most studies being small and of short duration. The MTUS does not specifically address use of methyl salicylate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The use of menthol is not recommended in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. The medical records do not indicate the part of the body to be treated, or the dose or duration of treatment. As such the request for Medrox (DOS 9/26/14) is not medically necessary.