

Case Number:	CM14-0196751		
Date Assigned:	12/04/2014	Date of Injury:	03/01/2012
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice, 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:

This is a 58 years old male patient who sustained an injury on 3/1/2012. He sustained the injury while sitting in the front passenger seat of a fire engine, the engine struck a pothole. He also sustained continuous trauma to lumbar spine from 5/15/1981 to 3/8/2012. The diagnoses include lumbar discopathy with severe spondylosis. Per the doctor's note dated 4/1/13, he had lumbar symptoms. The physical examination revealed lumbar spine- tenderness, spasm, pain with terminal motion, positive seated nerve root test, dyesthesia at the L5 and S1 dermatomes on the right. The medications list includes losartan, testosterone, DHEA, minocycline, naltrexone, omeprazole, naproxen, Ondansetron, cyclobenzaprine, tramadol and Medrox ointment. He has had MRI lumbar spine dated 5/30/2012 which revealed multilevel degenerative changes with severe disc height loss at L4-L5 and L5-S1 with mild bilateral moderate to severe foraminal stenosis at these levels; EMG/NCS dated 10/3/2012 which revealed chronic right S1 radiculopathy; MRI right shoulder dated 10/4/2013 which revealed rotator cuff tendinosis; MRI left shoulder dated 5/24/13 which revealed full thickness rotator cuff tear with labral tear and AC joint arthrosis. He had undergone L4-5 discectomy in 1999 and tonsillectomy in 1961; right carpal tunnel release in 2003 and right shoulder arthroscopic surgery on 4/18/2014. He has had physical therapy visits and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Medrox patch #30 (Date of service: 4/3/13): 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 rationale: Medrox is a topical analgesic consisting of Methyl salicylate, Menthol, Capsaicin. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Per the cited guidelines, "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments" The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response to oral medications was not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of retrospective: Medrox patch #30 (Date of service: 4/3/13) was not fully established for this patient at that juncture. Therefore the request is not medically necessary.