

Case Number:	CM14-0196943		
Date Assigned:	12/05/2014	Date of Injury:	05/08/2013
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 59-year-old gentleman with a date of injury of 05/08/2013. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/10/2014 indicated the worker was experiencing lower back pain; right leg pain; and right leg weakness, tingling, and numbness. Documented examinations consistently described decreased sensation following the path of the L5 spinal nerve, positive testing involving a straightened right leg, and testing consistent with severe depression. The submitted and reviewed documentation concluded the worker was suffering from L2 and L4 disk bulges, right lumbar myofascial pain, chronic pain, reactive depression, and a right knee injury. Treatment recommendations included oral and topical pain medications, chiropractic care, medications injected near the lower spine nerves, psychotherapy and a functional restoration program, home exercise program, and follow up care. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for an infinite supply of Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57 & 111-113.

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

Decision rationale: Medrox patch is compound containing a medication in the non-steroidal anti-inflammatory (NSAID) class (methyl salicylate) and the pain reliever class (Menthol, and Capsaicin). The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Topical menthol is not recommended by the MTUS Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis and at a 0.075% concentration for pain due to specific types of neuropathy only in patients who have not responded to or are intolerant of other treatments. The submitted records contained no discussion detailing extenuating circumstances supporting the use of this topical compound in this setting. In the absence of such evidence, the current request for an infinite supply of Medrox patches is not medically necessary.