

Case Number:	CM14-0197149		
Date Assigned:	12/05/2014	Date of Injury:	08/09/2005
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 47-year-old female with an injury date of 08/09/2005. According to the 02/20/2014 progress report, the patient complains of having back pain which radiates down her right leg with right large toe numbness. Occasionally, when walking, she will have anterior hip pain. She has weakness in her right foot and rates her pain as a 7/10. The 04/24/2014 progress report indicates that the patient has 10% pain reduction in her intermittent right back, buttock, and posterior thigh. She still has right large toe numbness. No further positive exam findings were provided on this report. The 07/24/2014 report states that the patient rates her back pain as a 2/10 and continues to have right gluteus pain and occasional right large toe tingling. Lumbar flexion 90 degrees caused right back pain. Straight leg rising on the right at 70 degrees caused buttock pain, and on the left at 70 degrees caused hamstring discomfort. Imaging studies indicate that she has L4-L5 disk protrusion with right L5 chronic radicular pain and numbness (date of MRI not provided). In this case, there was no list of diagnoses provided. The utilization review determination being challenged is dated 10/30/2014. Treatment reports were provided from 06/18/2013 to 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: topical medication (Medrox patch duration and frequency unknown dispensed on 09/18/14): 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.

Decision rationale: According to the 07/24/2014 progress report, the patient presents with back pain, right gluteus pain, and occasional right large toe tingling. The retrospective request is for topical medication (Medrox patch duration and frequency unknown dispensed on 09/18/14). The report with the request was not provided, nor does any of the reports provided mention Medrox patches. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the components is not recommended, then the entire component is not recommended. According to drugs.com, Medrox patch contains Menthol 5 g in 100 g, Capsaicin 0.0375 g in 100 g. The MTUS Guidelines allow Capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental, particularly at high doses. Medrox patch contains 0.0375% of Capsaicin, which is not supported by MTUS. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, the entire compounded cream is not supported. The requested Medrox patch is not medically necessary.