

Case Number:	CM14-0198265		
Date Assigned:	12/08/2014	Date of Injury:	02/28/2011
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 patient sustained an injury on 2/28/11 while employed by [REDACTED]. Request(s) under consideration include Retrospective, Medrox ointment 120gm x 2, DOS 9/1/11. Diagnoses include Cervicalgia; Lumbosacral neuritis; and Depressive disorder/ Insomnia/ Psychological factors affecting medical condition. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 7/16/14 noted patient with constant low back pain radiating into lower extremities; neck pain radiating into upper extremities; associated headaches. Exam showed unchanged findings of palpable paravertebral tenderness and spasm at cervical and lumbar spine; positive Spurling's; limited range; normal sensation and strength in upper extremities; ankle reflexes asymmetric; 4/5 strength at EHL and ankle PF with tingling in lateral thigh and anterolateral posterior leg and foot. The request(s) for Retrospective, Medrox ointment 120gm x 2, DOS 9/1/11 was non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Medrox ointment 120gm x 2, DOS 9/1/11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This patient sustained an injury on 2/28/11 while employed by [REDACTED]. Request(s) under consideration include Retrospective, Medrox ointment 120gm x 2, DOS 9/1/11. Diagnoses include Cervicalgia; Lumbosacral neuritis; and Depressive disorder/ Insomnia/ Psychological factors affecting medical condition. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 7/16/14 noted patient with constant low back pain radiating into lower extremities; neck pain radiating into upper extremities; associated headaches. Exam showed unchanged findings of palpable paravertebral tenderness and spasm at cervical and lumbar spine; positive Spurling's; limited range; normal sensation and strength in upper extremities; ankle reflexes asymmetric; 4/5 strength at EHL and ankle PF with tingling in lateral thigh and anterolateral posterior leg and foot. The request(s) for Retrospective, Medrox ointment 120gm x 2, DOS 9/1/11 was non-certified. Medrox Patches contains [Capsaicin/Menthol/Methyl Salicylate]. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox patches over 0.025% has not been shown to be more efficacious. Retrospective, Medrox ointment 120gm x 2, DOS 9/1/11 is not medically necessary and appropriate.