

Case Number:	CM14-0202554		
Date Assigned:	12/15/2014	Date of Injury:	06/10/2009
Decision Date:	01/31/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 Geriatrics and is licensed to practice in New York. 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:

According to the records made available for review, the injured worker is a 65 year-old male with a date of injury of 06/10/2009. The results of the injury include low back and neck pain. Diagnoses include herniated nucleus pulposus of the lumbar spine with moderate to severe stenosis, bilateral L5 spondylosis, lumbar radiculopathy, thoracic sprain/strain, cervical sprain/strain, right shoulder rotator cuff tear, and bilateral shoulder impingement and bursitis, and chronic post-traumatic headache. Diagnostic studies submitted for review included a CT scan of the facial structures, dated 06/11/2014, which revealed nasal septal deviation with ethmoid sinus partial pacification, rightward nasal septal deviation and occlusion of the right osteomeatal complex with rough maxillary sinus mucus retention cyst/air-fluid level without definite fracture seen; and right C1-2 degenerative change with lucencies in the C2 vertebral body. Treatments have included medications, chiropractic treatments, acupuncture treatments, occipital nerve block, and a home exercise program. Medications include Gabapentin, Flexeril, Omeprazole, Flonase, Topamax, and Medrox patches. Surgical interventions have included a nasal surgery, performed on 09/09/2014. A progress note from the treating physician, dated 10/13/2014, documents a follow-up evaluation of low back and neck pain. The injured worker reports the low back and neck pain as 8/10 on the analog scale; radiation of pain, numbness, and tingling down both arms to the hands; radiation of pain, numbness, and tingling down the bilateral lower extremities that radiates down to the ankles; persistent spasms in the neck and back; and difficulty with sleeping due to pain. Objective findings include tenderness to palpation in the cervical and lumbar right paraspinal regions; decreased range of motion in the cervical and lumbar spines; decreased sensation in the right C5 and C6 dermatomes; and decreased sensation at the left L4, L5, and S1 dermatomes. Work status is documented as permanent and stationary. Plan of treatment includes possible transforaminal epidural injection bilaterally at the

L5 and S1 level, and the continuation of medications. Request is being made for Medrox Patches Count #5 Patches. On 11/21/2014, Utilization Review non-certified Medrox Patches Count #5 Patches. Utilization Review non-certified Medrox Patches Count #5 Patches based on topical agents being "largely experimental", and the use of any topical compounded formulation that includes an ingredient that is not supported by evidenced-based guidelines. The Utilization Review cited the CA MTUS, Chronic Pain Treatment Guidelines, effective 07/18/2009: Topical Analgesics: Topical Capsaicin. Application for independent medical review was made on 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches Count #5 Patches: 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 Page(s): 111-112.

Decision rationale: Medrox patch is a combination of menthol, Capsaicin and methyl salicylate. This worker has chronic pain with an injury sustained in 2009. The medical course has included the use of several medications including Gabapentin, Medrox patches and muscle relaxants. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to Medrox patches to justify use of a compounded product. The medical necessity of Medrox patches is not substantiated in the records.