MAXIMUS Federal Services

Case Number:	CM14-0217609		
Date Assigned:	01/07/2015	Date of Injury:	03/21/1997
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 74 year old female with a date of injury as 03/21/1997. The cause of the injury was related to a fall. The current diagnoses include lumbosacral sprain/strain, right hip sprain/strain, and left ankle sprain/strain. Previous treatments include oral medications, leg surgery, and physical therapy. Primary treating physician's reports dated 12/11/2013 and 07/22/2014, Initial pain management consultation dated 09/09/2014, urine toxicology screening dated 12/11/2013, and physical therapy progress notes dated 10/23/2014 through 12/04/2014 were included in the documentation submitted for review. Report dated 07/22/2014 noted that the injured worker presented with complaints that included ongoing low back pain, right hip pain, and left ankle pain. Physical examination revealed tenderness, limitied motion, and spasms. Treatment recommendation included a pain management consultaton. Physical therapy notes indicate that the injured worker has completed eight visits. Evaluation following the eight visits of physical therapy indicate that the injured worker has improvement with ability to walk distances, pain level has slightly decreased from 6-9 out of 10 to 3-5 out of 10, and active range of motion with side bends has increased slightly from 0 dregrees to 10-19 degrees. Initial pain consultaton dated 09/09/2014 noted that the injured worker presented with complaints of low back pain, left lower extremity pain and numbness. Physical examination revealed an antalgic gait, decreased range of motion in the lumbar spine, paravertebral muscle spasms and tenderness, straight leg raising is positive on the left. The physician documented that the injured worker is currently taking Vicodin and Flexeril as needed. The injured worker is permanent & stationary. The utilization review performed on 12/05/2014 non-certified a prescription for Medrox based

on documentation does not support failure of other first line medications nor does the documentation indicate that the injured worker is unresponsive or intolerant to other treatments. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox 0.0375-20% 30gm, quantity 1 that was dispensed on 07/03/2012: 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): 111-112.

Decision rationale: Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. . The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In this case, the claiamant had already been receiving oral analgesics including muscle relaxants. Therefore the use of Medrox is not medically necessary.