

Case Number:	CM14-0041521		
Date Assigned:	06/27/2014	Date of Injury:	09/12/2008
Decision Date:	04/08/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/07/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial injury on 09/12/2008. She has reported subsequent head, neck, back and shoulder pain and was diagnosed with disc herniation of the cervical spine, spinal stenosis, right upper extremity/cervical radiculopathy, chronic pain syndrome, lumbar radiculitis and cervicogenic headaches. Treatment to date has included oral and topical pain medication, physical therapy and a home exercise program. In a QME/pain management progress note dated 02/05/2014, the injured worker reported depression, anxiety and insomnia secondary to high levels of pain. The injured worker reported frequent migraine headaches, continuous neck pain radiating to the right shoulder with episodes of numbness and tingling in the right hand and fingers and right shoulder and low back pain. The pain was rated as 7-10/10 and was noted to affect the injured worker's ability to perform activities of daily living. Objective examination findings were notable for an antalgic gait, reduced range of motion in the cervical spine, bilateral shoulders and lumbar spine, tenderness to palpation of the right bicipital groove and sensory deficit in the right C6, C7, L4 and L5 dermatomes. The physician noted that medications provided the injured worker with 40-50% pain relief including Medrox patches and analgesic creams. The physician requested authorization for Medrox and Flurbiprofen. On 04/04/2014, Utilization Review non-certified a request for Medrox, noting that since one of the drugs in the compound is not recommended, the medication is not medically necessary and non-certified a request for Flurbiprofen CPD, noting that there was no evidence to support the use of a topical non-steroidal anti-inflammatory for neuropathic pain. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NSAIDs, capsaicin.

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

Decision rationale: The Medrox patch contains capsaicin, methyl salicylate, and menthol. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended." Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually.

Flurbiprofen cpd 120 gm, one jar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://physiciandispensingsolutions.com/Medrox.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of right upper extremity/cervical radiculopathy, cervicogenic headaches, neuropathic pain in right upper and lower extremities, myofascial pain syndrome, and right S1 radiculopathy. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen cpd 120 gm, one jar is not medically necessary.