

Case Number:	CM14-0084363		
Date Assigned:	07/21/2014	Date of Injury:	02/02/2013
Decision Date:	01/22/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Practice and is licensed to practice in Florida. 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 44-year-old female with a date of injury of 2/02/2013. The mechanism of injury described is having her vehicle rear-ended. She has had chronic neck pain, low back pain, and right shoulder pain that radiates into her right arm and hand. The MRI studies of the neck and right shoulder were performed in 2013. She has previously been treated with chiropractic therapy, acupuncture, aquatic therapy, and medications. Regarding work status, in January of 2014 she fell ill from severe right knee and hip arthritis. As of a 4/29/2014 initial comprehensive primary treating physician's report, she was noted to be on leave and was not receiving disability benefits. The physical exam on 4/29/2014 revealed the following: Cervical spine with spasm and tenderness present in the paraspinal muscles. Shoulder exam showed some restriction in range of motion on the right only. A right impingement sign was noted to be positive. Lumbar exam demonstrated tenderness to palpation over the paraspinal muscles. A utilization review physician did not certify a request to continue Medrox ointment. Therefore, an independent medical review was requested to determine the medical necessity of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 of 5 Medrox pain relief ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic Medrox contains Methyl Salicylate, Menthol, and Capsaicin. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." There is no documentation that this patient is intolerant to all other potential treatments. Therefore, this request for Medrox is not medically necessary.