

Case Number:	CM15-0109699		
Date Assigned:	06/09/2015	Date of Injury:	06/21/2010
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 59 year old female, who sustained an industrial injury on 6/21/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having anterior cervical discectomy and fusion, cervical spine and trapezius sprain/strain, bilateral medial/lateral epicondylitis, wrist tenderness with mild carpal tunnel syndrome and bilateral shoulder strain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/14/2015, the injured worker complains of low back pain with radiation to the left lower extremity and right thigh, rated 9/10. Physical examination showed lumbosacral tenderness with decreased range of motion and bilateral elbow tenderness. The treating physician is requesting Medrox ointment 20 % 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Ointment 20% 120gm x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105 and 111-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm> (Medrox).

Decision rationale: Medrox Ointment 20% 120gm x1 is not medically necessary per MTUS guidelines. The MTUS Chronic Pain Medical Treatment Guideline state that topical analgesics are largely experimental. Medrox cream consists of Methyl Salicylate 20.00%; Menthol 5%; Capsaicin 0.0375% per an online review of this medication. Per the MTUS guidelines there are no studies of a 0.0375% formulation of capsaicin and this exceeds guideline recommendations. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Per the MTUS guidelines salicylate topicals including methyl salicylate and menthol are recommended however the patch formulation of both of these formulations in combination with Capsaicin are not specifically mentioned in the MTUS. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support Capsaicin for this patient, as it is not clear that the patient is intolerant to other treatments and the strength of Capsaicin 0.0375% is not supported by the MTUS. The request for Medrox ointment 120mg is not medically necessary.