

Case Number:	CM15-0144229		
Date Assigned:	08/05/2015	Date of Injury:	08/24/2012
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 8-24-12. The documentation on 7-30-14 noted that the injured worker has complaints of low back pain. There is some cellulitis and erythema around the surgical and staple sites. The diagnoses have included lumbago. Treatment to date has included S-rays showed flexion and extension dynamic radiographs of the lumbar spine reveal spondylosis, solid fusion L3-5. The request was for retrospective request for medrox patch #30, date of service 03/06/2013 and retrospective request for medrox patch #30, date of service 07/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Medrox patch #30, date of service 03/06/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 28-29. Decision based on Non-MTUS Citation drugs.com : Medrox patch.

Decision rationale: Based on the 07/30/14 progress report provided by treating physician, the patient presents with low back pain rated 5/10. The patient is status post lumbar fusion L3-5, date unspecified, and removal of hardware on 07/18/14, per discharge summary. The request is for RETROSPECTIVE REQUEST FOR MEDROX PATCH #30, DATE OF SERVICE 03/06/2013. RFA with the request not provided. Patient's diagnosis on 07/30/14 includes lumbago. Treatment to date included surgery, X-rays, diagnostics, physical therapy and medications. Patient's medications include Mirapax, Benicar and Azilect, per 07/14/14 report. The patient is retired and to remain off work, per 07/30/14 report. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS Guidelines, pages 28-29 states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. 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." drugs.com: Medrox patch. Progress report with the request was not available for review. Treater has not provided medical rationale for the request. According to drugs.com, Medrox patch contains MENTHOL 5g in 100g, CAPSAICIN 0.0375g in 100g. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider Capsaicin doses that are higher than 0.025% to be experimental particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. Guidelines state clearly that: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Retrospective request for Medrox patch #30, date of service 07/09/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 28-29. Decision based on Non-MTUS Citation drugs.com : Medrox patch.

Decision rationale: Based on the 07/30/14 progress report provided by treating physician, the patient presents with low back pain rated 5/10. The patient is status post lumbar fusion L3-5, date unspecified, and removal of hardware on 07/18/14, per discharge summary. The request is for RETROSPECTIVE REQUEST FOR MEDROX PATCH #30, DATE OF SERVICE

07/09/2013. RFA with the request not provided. Patient's diagnosis on 07/30/14 includes lumbago. Treatment to date included surgery, X-rays, diagnostics, physical therapy and medications. Patient's medications include Mirapax, Benicar and Azilect, per 07/14/14 report. The patient is retired and to remain off work, per 07/30/14 report. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS Guidelines, pages 28-29 states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. 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." drugs.com: Medrox patch. Progress report with the request was not available for review. Treater has not provided medical rationale for the request. According to drugs.com, Medrox patch contains MENTHOL 5g in 100g, CAPSAICIN 0.0375g in 100g. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider Capsaicin doses that are higher than 0.025% to be experimental particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.