

Case Number:	CM15-0182973		
Date Assigned:	09/29/2015	Date of Injury:	09/08/2014
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency 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 45 year old female, who sustained an industrial injury on 9-08-2014. The injured worker was being treated for cervical, thoracic, and lumbar spine pain. Treatment to date has included medications, chiropractic, and physical therapy. On 8-06-2015, the injured worker complains of "no tingling, weakness, numbness", "symptoms are present daily", and "persistent functional problems". Current medication use was documented as "none". Pain was not rated and functional status with activities of daily living was not described. Exam of the cervical spine noted flattened lordosis, tenderness, "limited" range of motion, "normal" strength and sensation. Exam of the thoracic spine noted tenderness. Exam of the lumbar spine noted "somewhat flattened lordosis", tenderness, "limited" range of motion due to pain, motor 5 of 5 and sensation "intact". Exam of the bilateral shoulder-upper arm noted tenderness, "diminished" strength, and positive impingement sign bilaterally. Exam of the bilateral elbows noted tenderness. Exam of the bilateral wrists-hands noted tenderness over the carpal tunnels, "diminished" strength, and positive Finkelstein's test. Work status was modified. Multiple progress reports (5-01-2015, 5-27-2015, 6-25-2015) noted refill-use of Medrox topical analgesic. Allergies were documented as Aspirin, Codeine, Tetracycline, Erythromycin, Bactrim, Vicodin, Sulfa, and shellfish. A Qualified Medical Evaluation (2-20-2015) noted review of medical records, noting oral medication use including Naprosyn, Gabapentin, and Tylenol. The treatment plan included Medrox x6 boxes (5 per box).

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox times 6 boxes (5 per box) per 08/06/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Medrox is a combination topical medication. It contains capsaicin, methyl-salicylate and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Methyl-Salicylate: Shown to be superior to placebo. Should not be used long term due to significant risk of side effects. Pt has been on this for several months but was then denied. Patient is not noted to be on any medications at present. This request is for chronic use. Not recommended. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective as a second line treatment. There is no documentation of any treatment failure using current therapy or failure of other 1st line treatment to even recommend a trial of capsaicin. It is not medically necessary. 3) Menthol: No data in MTUS. This request is completely inappropriate. It would request 30 units of medrox which is consistent with request for chronic use. Patient has multiple body parts with pain and it is unclear where it is to be used. Patient is not noted to be on any medications at baseline and it is unclear why patient cannot take oral pain medications. Patient has documented "allergies" to aspirin, which is same class as methyl-salicylate. As per MTUS guidelines since not all components are recommended, the combination medication is not recommended.