

Case Number:	CM15-0186810		
Date Assigned:	09/28/2015	Date of Injury:	10/26/2011
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/22/2015

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 68 year old male, who sustained an industrial injury on 10-26-2011. The injured worker is undergoing treatment for enthesopathy of wrist, lumbosacral neuritis, pes anserinus tendinitis. On 6-18-15, he reported being "relatively well controlled with the current and medical physical regimen". Physical examination revealed spasm, tenderness, guarding, and decreased range of motion of the lumbar spine, and patellar crepitus and tenderness of the knees. "Medications will be refilled as they are providing pain relief and improving his functional status". The medical records do not discuss what the current medical and physical regimen is, and well controlled is not described or defined. His current pain level is not rated, and there is no discussion regarding his current functional status. The treatment and diagnostic testing to date has included: 3rd synvisc injection of the left knee (10-8-14), medications, AME (1-14-14). Medications have included: Norco. Current work status: permanent and stationary. The request for authorization is for: retrospective review for durable medical equipment (DME) purchase of garment, belt, sleeve, with DOS: 12-12-2012, pharmacy purchase of Medrox patch quantity 30 with DOS: 1-9-2013, 2-20-2013, 3-30-2013, Medrox patch quantity 15 with DOS: 4-17-2013. The UR dated 8-20-2015: certification of retrospective review for pharmacy purchase of Cidaflex quantity 90, with DOS 4-17-13; non-certification of retrospective review for durable medical equipment (DME) purchase of garment, belt, sleeve, with DOS: 12-12-2012, pharmacy purchase of Medrox patch quantity 30 with DOS: 1-9-2013, 2-20-2013, 3-30-2013, Medrox patch quantity 15 with DOS: 4-17-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Durable medical equipment (DME) purchase of garment belt and sleeve (DOS 12/12/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS.

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

Decision rationale: Review of medical report of 6/18/15 noted patient was P&S with follow-up for unchanged symptoms and clinical presentation. The patient was noted to be well controlled with current medical regimen. There was no notation regarding request for unspecified DME purchase of garment belt and sleeve. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of transcutaneous unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the transcutaneous unit. Although the patient has utilized the transcutaneous unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the transcutaneous treatment already rendered. As the transcutaneous unit is not supported, the associated supplies are not medically necessary. The Retrospective Durable medical equipment (DME) purchase of garment belt and sleeve (DOS 12/12/2012) is not medically necessary and appropriate.

Retrospective Medrox patch Qty: 30.00 (DOS 01/09/2013, 02/20/2013, 03/30/2013): 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 Patches contains Capsaicin/Menthol/Methyl Salicylate. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications.

Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox patches over 0.025% has not been shown to be more efficacious. The Retrospective Medrox patch Qty: 30.00 (DOS 01/09/2013, 02/20/2013, 03/30/2013) is not medically necessary and appropriate.

Retrospective Medrox patch Qty: 15 (DOS 04/17/2013): 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 Patches contains Capsaicin/Menthol/Methyl Salicylate. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox patches over 0.025% has not been shown to be more efficacious. The Retrospective Medrox patch Qty: 15 (DOS 04/17/2013) is not medically necessary and appropriate.