

Case Number:	CM15-0194416		
Date Assigned:	10/08/2015	Date of Injury:	05/13/2014
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old, male who sustained a work related injury on 5-13-14. A review of the medical records shows he is being treated for right shoulder, right elbow and low back pain. Treatments have included physical therapy (6 sessions, acupuncture) some benefit, medications and home exercises. Current medications include Diclofenac. In the progress notes, the injured worker reports low back pain with radiation to legs, left greater than right, with numbness, tingling and weakness. He reports right shoulder and right elbow pain. He rates his pain level an 8-9 out of 10. This pain level has not changed much in the last several office visits. In the objective findings dated 8-14-15, he has decreased range of motion in lumbar spine with pain. He has lumbar muscle guarding. He has tenderness in the right brachioradialis, right medial and lateral epicondyle. He has muscle guarding along the cervical paraspinal and trapezius muscles. He is working modified duty. The treatment plan includes requests for a refill of Diclofenac and to start Medrox patches. The Request for Authorization dated 8-17-15 has a request for Medrox patches. In the Utilization Review dated 9-18-15, the requested treatment of Medrox patches is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Medrox patches, duration and frequency unknown DOS 8-14-15: Upheld

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

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

Decision rationale: Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsaicin than is medically necessary. Topical Salicylate is a NSAID and can reach systemic levels similar to oral NSAIDS. The claimant was on oral Diclofenac (an NSAID). As per the guidelines, any compounded medication that contains a medication that is not indicated, is not indicated. In addition, details on use of Medrox was not provided. Therefore, Medrox on 8/14/15 is not medically necessary.