

Case Number:	CM15-0020970		
Date Assigned:	02/10/2015	Date of Injury:	06/05/2008
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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 52 year old male who sustained an industrial injury on 6/5/08. The injured worker reported symptoms in the back and right shoulder. The diagnoses included lumbar radiculitis, insomnia, and lumbago, unspecified derangement of joint, right shoulder region, rotator cuff tear, right shoulder, spinal stenosis, and lumbar region, without neurogenic claudication, dysthymic disorder and sprain of lumbar. Treatments to date include acupuncture. In a progress note dated 9/26/12 the treating provider reports the injured worker was with complaints of "severe lumbar pain. Pain worse at right side." On 1/20/15 Utilization Review non-certified the request for Retrospective Medrox patch, date of service 11/7/12. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Medrox patch, date of service 11/7/12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin, topical Salicylate topical Page(s): 111-113, 29, 105.

Decision rationale: The patient presents with low back pain radiating to right lower extremity and right shoulder pain radiating with numbness and tingling rated at 7/10. The request is for RETROSPECTIVE MEDROX PATCH, DATE OF SERVICE 11/7/12. The request for authorization is not available. The patient is status-post shoulder surgery, date unspecified. Impingement sign is positive. Patient has decreased range of motion of the right shoulder. Patient's medications include Naproxen Sodium, Hydrocodone/Acetaminophen, Percocet, Gabapentin and Cyclobenzaprine. Patient is not working. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended at no higher than 0.025% concentration. Methyl salicylate and menthol are recommended under MTUS 'Salicylate topical' section, pg 105 in which 'Ben-Gay' (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Capsaicin, topical (MTUS p29) Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, 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. Treater has not provided reason for the request. Per internet search, Medrox ointment typically contains Methyl Salicylate, Menthol and Capsaicin 0.0375% combination. Patient's symptoms include shoulder and lower back pain for which topical NSAIDs are not indicated. Furthermore, this product contains Capsaicin at 0.0375% and MTUS does not recommend concentrations higher than 0.025%. Therefore, the request IS NOT medically necessary.