

Case Number:	CM15-0219285		
Date Assigned:	11/12/2015	Date of Injury:	07/01/1997
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on 7-1-1997. The medical records indicate that the injured worker is undergoing treatment for status post L5-S1 fusion complicated by screw injury to the right S1 nerve root, right L4-L5 mild spinal stenosis with grade I anterolisthesis, chronic opiates, possible right sacroiliac joint dysfunction, and left sacroiliac joint dysfunction. According to the progress report dated 9-24-2015, the injured worker presented with complaints of low back and bilateral extremity pain. The level of pain is not rated. The physical examination reveals full strength in her lower extremities with decreased sensation in the right lateral calf. The current medications are Fentanyl, Oxycodone, Topamax, and Cymbalta. Previous diagnostic studies were not indicated. Treatments to date include medication management, lumbar brace, home exercise program, TENS unit, psychotherapy, caudal epidural steroid injection (75% relief), and surgical intervention. Work status is described as unable to work. The original utilization review (10-9-2015) had non-certified a request for Medrox pad #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pad #30 1-2 daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This claimant was injured in the year 1997, now 18 years ago. The claimant is post L5-S1 fusion. As of September, there is still low back pain. The request is for a topical Medrox. Regarding Medrox, CA MTUS page 111, note that topical analgesics are recommended as an option in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medrox is a compounded agent which contains Methyl Salicylate 20 percent, Capsaicin 0.0375 percent, and Menthol 5 percent. There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. With the report provided, there are no indications of failed trials of first-line recommendations (antidepressants and anticonvulsants). There is no documentation that these medications are insufficient to manage symptoms. With these in consideration, medical necessity is not established for the requested topical agent.