MAXIMUS Federal Services

Case Number:	CM15-0031870		
Date Assigned:	02/25/2015	Date of Injury:	03/08/2011
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 3/8/2011. She has reported she tripped and fell, injuring her neck, lower back, right leg and bilateral shoulders. She is status post right shoulder arthroscopy 2/14/13. The diagnoses have included cervical degenerative disc disease of cervical and lumbar spine with superimposed strain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, acupuncture and epidural steroid injections. Currently, the IW complains of bilateral arms with burning pain, associated with numbness and tingling. The physical examination from 10/2/14 documented positive impingement signs and decreased Range of Motion (ROM) in the right shoulder. The cervical spine documented minimal tenderness of with slightly diminished sensation of right hand. The lumbosacral spine was tender with negative straight leg tests. On 1/22/2015 Utilization Review non-certified Medrox Patch #60 with four refills and Motrin 600mg with two refills, noting the guidelines. The MTUS Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of Medrox Patch #60 with four refills and Motrin 600mg with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch, sixty count with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Medrox patch #60 with 4 refills is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox contains Capsaisin 0.0 375%, menthol, and methyl salicylate. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnosis for the requested Medrox patch is right shoulder impingement. The documentation from a qualified medical examination (QME) dated January 31, 2013 shows the injured worker was using Medrox patches at that time. There is documentation from September 17, 2014 that includes a review of the medical record by the requesting physician. However, there are no subjective or objective findings noted. The documentation does not contain evidence of objective functional improvement associated with long-term Medrox patch use. Consequently, absent clinical documentation with objective functional improvements associated with Medrox patches, Medrox patch #60 with 4 refills is not medically necessary.

Motrin 600 mg, 180 count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 600 mg #180 with three refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis of the Motrin 600 mg #180 is right shoulder impingement. The documentation from a qualified medical examination (QME) shows the injured worker was using Motrin 800 mg as far back as January 31, 2013. There are no subsequent progress notes from the requesting physician with subjective or objective complaints.

There is a September 17, 2014 chart review by the requesting physician, however, there were no subjective or objective findings documented in the record. Motrin is indicated at the lowest dose for the shortest period in patients with moderate to severe pain. The documentation demonstrates the injured worker has been on Motrin in excess of two years and there is no documentation of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement regarding long-term Motrin use, Motrin 600 mg #180 with three refills is not medically necessary.