

Case Number:	CM15-0055984		
Date Assigned:	04/01/2015	Date of Injury:	07/04/2000
Decision Date:	05/04/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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 61 year old female who sustained a work related injury on July 4, 2000, incurring back injuries. She was diagnosed with Fibromyalgia with right myofascial trapezius, cervical para-spinal and lumbar para-spinal pain syndrome. Treatment included medications, aerobic exercise, ice, trigger point injections and home exercise program. Currently, the injured worker complained of pain in the cervical and lumbar region. The treatment plan that was requested for authorization included a prescription for Medrox patch, Methyl Salicylate, Menthol and Capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch (20% Methyl Salicylate, 5% Menthol, 0.0375% Capsaicin) - apply to back every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety". MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the components is not recommended, then the entire component is not recommended. MTUS Guidelines allow capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental, particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended". Therefore, the entire compounded cream is not supported. The requested Medrox patch is not medically necessary.