

Case Number:	CM15-0088096		
Date Assigned:	05/12/2015	Date of Injury:	08/19/2011
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old male with an industrial injury dated 8/19/2011. The injured worker's diagnoses include cervical sprain, lumbar sprain, lumbar radiculitis, status post left shoulder surgery x2, lumbar disc protrusion, annular disc bulge, headaches, stuttering, hemiballistic movements and multilevel lumbar disc bulges. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, home exercise therapy and periodic follow up visits. In a progress note dated 4/01/2015, the injured worker reported neck, low back and left shoulder pain. Objective findings revealed tenderness at the cervical paravertebral with no evidence of radiating pain to the upper extremities on cervical motion. Left shoulder exam revealed tenderness on the sides of the well healed surgical linear scar and restricted painful range of motion. Lumbar spine exam revealed antalgic gait, tenderness to palpitation, pain with range of motion and positive bilateral straight leg raises. Treatment plan consisted of medication management. The treating physician prescribed Medrox ointment 120 gm now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment 120 gm: Upheld

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

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

Decision rationale: Medrox ointment is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Medrox ointment is not medically necessary.