

Case Number:	CM13-0009107		
Date Assigned:	09/11/2013	Date of Injury:	12/13/2009
Decision Date:	01/23/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50 year old female who reported an injury on 12/13/2009. The mechanism of injury was lifting. Her initial course of treatment was not included in the medical records but it is noted that she had a posterior foraminotomy on 08/23/2011 with no benefit, site not specified. She has other diagnoses of chronic pain syndrome, chronic headaches, and cervical myofascial pain. She is currently under the care of a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches #1 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 & 111-113.

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

Decision rationale: The California MTUS Guidelines recommend the use of topical analgesics as an option in the treatment of neuropathic and osteoarthritic pain. For compounded topicals, the California MTUS guidelines state that if any one product that is contained in a medication is not recommended, then the entire medication is not to be recommended. Medrox is a combination medicine that includes methyl salicylate, menthol, and a capsaicin formulation of 0.0375%.

However, guidelines state that Capsaicin is not recommended in formulations over 0.025%, as they show no greater efficacy in decreasing pain. As such, the request for Medrox patches box (5patches) with two refills is non-certified.