

Case Number:	CM14-0131267		
Date Assigned:	08/20/2014	Date of Injury:	01/13/2006
Decision Date:	09/24/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

This patient presents with constant low back pain with radiation down into his left leg from the glut down to the calf area. The treater is requesting Medrox ointment with 2 refills. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox ointment specifically. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7%, and capsaicin 0.050%." The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines considers doses that are higher than 0.025% to be experimental particularly at high doses. Medrox ointment contains 0.050% of capsaicin which is not supported by MTUS. Therefore, the entire compound ointment is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Ointment 0.0375-20-5% QTY;100 with 2 refills: Upheld

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

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

Decision rationale: This patient presents with constant low back pain with radiation down into his left leg from the glut down to the calf area. The provider is requesting Medrox ointment with 2 refills. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox ointment specifically. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7%, and capsaicin 0.050%." The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines considers doses that are higher than 0.025% to be experimental particularly at high doses. Medrox ointment contains 0.050% of capsaicin which is not supported by MTUS. Therefore, the entire compound ointment is not recommended.