

Case Number:	CM14-0144485		
Date Assigned:	09/12/2014	Date of Injury:	04/29/2014
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a male patient with a date of injury of April 29, 2014. A utilization review determination dated August 7, 2014 recommends non-certification of compound ointment Medrox 120g. A progress note dated July 21, 2014 identifies subjective complaints of continued aggravation of pain in the lumbar spine, a pain level of 7 on a 10 scale for the lumbar spine, the patient reports that with the use of medication he gets a numbing feeling in the low back however the pain will still be present when he does activities, the patient also reports a tingling sensation radiating down both right and left legs up to the knee area, and the patient states that his right knee pain is a 6-7 on a 10 scale. The patient states that he walks on a daily basis over 5 to 10 minutes at which point he begins to feel pain in the knee down to the foot area and he also states he notices swelling of feet. The patient reports that he has pain in the neck and in both shoulders, he states the pain on the right side of the shoulder radiates into the neck causing a pain level of 7 - 8 on a 10 scale with radiation down into the elbow and hand causing numbness and tingling. The patient states, however, that the right- sided pain is around a 5 on a 10 scale with tension in the shoulder and neck area. The patient also reports to continue to have severe headaches mostly on the right side. Physical examination identifies exquisite tenderness noted at the cervical paravertebral and inner scapular area, flexion, extension and side to side tilt restricted and painful, pain in bilateral AC joint and subacromial space and posterior part of the scapular area, the patient's shoulder range of motion can reach 90 further than that is painful and restricted, range of motion of the lumbar spine is 25 with flexion, there is pain noted at the lumbosacral musculature, heel and toe ambulation is painful, and straight leg raise test is positive at 25 from sitting position bilaterally. The diagnoses include cervical sprain, lumbar sprain, bilateral shoulder sprain, bilateral elbow sprain, bilateral wrist sprain, and right knee sprain. The treatment plan recommends urine toxicology screen, a prescription for hydrocodone 2.5/325 mg

#60, prescription for Medrox ointment 120g, the patient is awaiting authorization for physical therapy for at least three times a week for four weeks, the patient is to continue with a home exercise program, and the patient was counseled regarding joining a gym on a regular basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Ointment: Medrox 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding request for Medrox ointment 120gm, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. MTUS Chronic Pain Medical Treatment Guidelines additionally state Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Additionally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. Finally, guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Medrox ointment 120gm for lumbar/thoracic area and left knee is not medically necessary.