

Case Number:	CM14-0162594		
Date Assigned:	10/07/2014	Date of Injury:	05/07/2008
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 54-year-old male who reported an injury on 05/07/2008. The mechanism of injury was not submitted for review. The injured worker has diagnoses of hallux tyloma bilateral foot, enlargement base distal phalanx and head of proximal phalanx great toe right greater than left. Past medical treatment consists of surgery, physical therapy, orthotics, and medication therapy. Medication includes Medrox ointment. On 03/25/2010 the injured worker complained of foot pain. Physical examination noted that findings were within normal limits. The medical treatment plan was for the injured worker to continue the use of Medrox ointment. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment, date of service: 3/23/10-4/6/10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Flores, MP, et al. Topical Analgesics. Rev Bras Anestesiolo. 2012, March. Topical therapies in the management of chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105,111,28.

Decision rationale: The request for Medrox ointment, date of service: 3/23/10-4/6/10 was not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drugs class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to any other treatments. 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. Additionally, it is indicated that topical salicylates are approved for chronic pain. According to the Medrox packet insert, Medrox is a topical analgesic containing menthol 5% and 0.0375% capsaicin, and it is indicated for the temporary relief of minor aches and muscle pains associated with arthritis, simple back ache, strains, muscle soreness, and stiffness. Capsaicin is not approved and Medrox is being used for chronic pain, foregoing the guidelines. The request for Medrox was not medically necessary.