

Case Number:	CM14-0162598		
Date Assigned:	10/07/2014	Date of Injury:	08/16/2005
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
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 Family Medicine and is licensed to practice in New Jersey and New York. 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 36 year-old male who was injured on 8/16/05. He complained of neck and lower back pain with buttock and thigh numbness. On exam, he had a tender neck with decreased range of motion, tender gluteals, and decreased range of motion of lower back. He was diagnosed with chronic cervicgia, recurrent myofascial strain, predominant left shoulder arthralgia, rotator cuff tendinitis, and lumbar disc disease and chronic lumbar pain. He was also found to have a lumbar facet synovial cyst. A 7/9/11 electrodiagnostic test revealed left L5 nerve root radicular changes. A lumbar MRI showed multilevel disc herniation. He had two epidural steroid injections with some improvement in lumbar pain and chiropractic treatment. His medications included Medrox, topical analgesic cream, Clorazepate, gabapentin, and opioids. Besides opioid-induced constipation, he tolerated oral medications well without any reported side effects. He was not taking anti-inflammatories due to reports of rectal bleeding. He was also enrolled in a weight-loss program as he had gained over 100 pounds since the injury. The current request is for Medrox cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Medrox 120 grams DOS: 12/21/11: 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 Topical analgesics, salicylate topicals Page(s): 111-113, 104.

Decision rationale: Medrox contains menthol Salicylate, menthol, and capsaicin. According to MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol with the patient's neck and shoulder complaints. Capsaicin is recommended only as an option in patients who haven't responded or are intolerant of other treatments. Besides opioid-induced constipation, he tolerated oral medications well without any reported side effects. He had improved symptoms with the gabapentin and opiates. So the need for a topical analgesic is not warranted. There also isn't enough evidence-based proof of efficacy and safety of topical analgesics in the treatment of chronic neuromuscular pain. Topical analgesics are effective for localized pain, but patient has diffuse neck and back pain. Therefore the request for medrox is not medically necessary.