

Case Number:	CM14-0176875		
Date Assigned:	10/30/2014	Date of Injury:	12/06/2011
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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 Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 12/06/11 when, while working as a firefighter, he had left knee pain and swelling. He also has a prior history of neck and back pain. He continues to be treated for neck, back, and knee pain. He was seen on 01/26/12. He was having intermittent neck and low back pain radiating into the right upper and right lower extremity. He was having intermittent right hip and left knee pain. Physical examination findings included cervical paraspinal muscle tension with positive right Spurling's testing, positive Phalen testing, right hip tenderness and pain with motion, bilateral knee tenderness with positive patellar grind, and lumbar paraspinal tenderness with decreased and painful range of motion. Recommendations included a home exercise program and additional testing. Naprosyn, omeprazole, ondansetron, and Medrox were prescribed. He was continued at full duty. An MRI of the lumbar spine on 02/29/12 included findings of multiple level disc bulging. EMG/NCS testing on 06/18/13 showed findings of a right L5 radiculopathy. On 04/12/12 test results were reviewed. On 06/06/12 he was having ongoing symptoms. Physical examination findings now also included right knee tenderness with positive McMurray's testing. Medications were continued. Sumatriptan was prescribed. On 09/10/14 he was seen for a pain management evaluation. He was having low back pain radiating into the right lower extremity. Prior treatments had included medications. Physical examination findings included decreased and painful lumbar spine range of motion with muscle spasms. There was positive right straight leg raising with decreased sensation and quadriceps atrophy. Authorization for an epidural injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain ointment 120gm x 2 DOS: 1/26/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The claimant is nearly 3 years status post work-related injury. When this medication was requested, he was being treated for intermittent neck and low back pain radiating into the right upper and lower extremity and intermittent right hip and left knee pain. Medrox is a combination of methyl salicylate, menthol, and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, Medrox was not medically necessary.