

Case Number:	CM14-0214687		
Date Assigned:	01/07/2015	Date of Injury:	08/26/2014
Decision Date:	02/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

39 yr. old female claimant sustained a work injury on 8/26/14 involving the low back. She was diagnosed with low back pain with a possible herniated nucleus pulposus. She had undergone physical therapy and used NSAIDs for pain and Soma for spasms. An x-ray of the lumbar spine in September 2014 showed degenerative endplate osteophyte on L5 and S1. A progress note on 11/21/14 indicated the claimant had 7-9/10 low back pain. There was bilateral back spasms and restricted range of motion. The claimant was requested to continue pain medication and topical creas including Meedrox ointment in order to decrease use of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment 120ml, unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Salicylate topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375% .. The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines , Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Medrox is not medically necessary.