

Case Number:	CM14-0218820		
Date Assigned:	01/08/2015	Date of Injury:	01/06/2010
Decision Date:	03/26/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male with a work injury dated 01/05/2010. The mechanism of injury is not documented. The injured worker presented for follow up on 10/24/2014 with complaints of low back pain. Lumbar spine was tender with decreased range of motion. Diagnosis was lumbar spondylosis and lumbar radiculopathy. Prior treatments included medications. There is a request for physical therapy. No other treatments are noted in the submitted records. On 12/01/2014 utilization review non-certified the request for Medrox pain relief ointment 120 gm times 2 quantity of 240. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Medrox pain relief ointment 120gm x 2 QTY = 240 Date of service 3/10/11:
Upheld

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

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

Decision rationale: The 65 year old patient presents with low back pain and stiffness and has been diagnosed with lumbar spondylosis and lumbar radiculopathy, as per progress report dated 10/24/14. The request is for RETROSPECTIVE MEDROX PAIN RELIEF OINTMENT 120 GM X 2QTY 240 DATE OF SERVICE 03/10/11. The RFA for this case is dated 11/18/14, and the patient's date of injury is 01/06/10. Medications, as per prescription dated 11/18/14, included Ondansetron, Omeprazole and Medrox ointment. The patient is retired, as per progress report dated 10/24/14. Regarding Capsaicin, MTUS guidelines state that they are Recommended only as an option in patients who have not responded or are intolerant to other treatments. Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox ointment contains methyl salicylate, menthol and capsaicin. The first prescription for the topical formulation was noted in progress report dated 03/10/11. In the report, the treater states that Medrox ointment is for: temporary relief of minor aches and muscle pain. The treater repeats the purpose and the request in prescription dated 11/18/14 as well. The treater, however, does not discuss why the ointment was chosen over other topical formulations. There is no record of its impact on pain and function. Additionally, MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. The Guidelines also state clearly that Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request IS NOT medically necessary.