

Case Number:	CM14-0067228		
Date Assigned:	07/11/2014	Date of Injury:	08/21/2012
Decision Date:	01/05/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 41 year old male employee with date of injury of 8/21/2012. A review of the medical records indicate that the patient is undergoing treatment for failed left knee surgery (2/2013), status post right shoulder surgery (5/2013). Subjective complaints include pain, tingling and numbness in the right shoulder and left knee. Patient also claims that lower back pain developed from a limp in the left knee. Patient also claims the knee gives way while working. Previous usages of Norco have decreased pain. Objective findings include physical exam revealing range of motion in left knee 90 flexion. Muscle testing revealed left knee extension 4/5, extensor nallius longer 4/5, plantar flexion 4/5. Light touch sensation was noted at left mid anterior thigh and left lateral ankle. Range of motion in left shoulder was limited. Treatment has included usage of a cane, DME bracing, injection into left shoulder. The right shoulder received an injection (3/19/14) with minimal relief. Medications have included Gabapentin , Norco, The utilization review dated 4/10/2014 non-certified the requests for Medrox pain relief ointment with two refills and 1 prescription of Omeprazole DR 20mg capsule, # 30 with 2 refills. The request for 1 prescription of Hydorcodone-APAP (Norco50/325mg) tablet. #60 was partially certified and modified to Hydrocodone-APAP (Norco50/325mg) tablet #27.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Medrox pain relief ointment with 2 refills: 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams.

Decision rationale: The Medrox patches contain topical Menthol, Capsaicin, and Salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical Capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical Salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & topical analgesics, compounded." In this case, topical Capsaicin is not supported for topical use per guidelines. As such, the request for Medrox pain relief ointment with two refills is not medically necessary and appropriate.