

Case Number:	CM15-0007648		
Date Assigned:	01/26/2015	Date of Injury:	04/01/2013
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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:

This 59 year old man sustained an industrial injury on 4/1/2013 due to cumulative trauma. Current diagnoses include status post removal of cervical spine plate and screws, status post C4 to C7 hybrid reconstruction, and lumbar disc discopathy. Treatment has included oral medications and cortisone injections. No progress notes have been submitted within six months of the date of Utilization Review with the exception of the following. There is a note from the orthopedic surgeon dated 10/6/2014 that states "The patient can take the appropriate pharmacologic agent for symptomatic relief". It then continues to state that medications are to be requested under a separate cover letter. However, it does not appear to have been submitted. On 12/15/2014, Utilization Review evaluated a prescription for Medrox patch #30, that was submitted on 1/13/2015. The UR physician noted that topical analgesics are primarily recommended for neuropathic pain when oral antidepressants and anticonvulsants fail. However, there is no documentation that the worker has trialed or failed these medications. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch #30: Upheld

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

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. In addition, the claimant remained on oral analgesics while given the Medrox. It was also given in a quantity for extended use which is not supported by the guidelines. Therefore Medrox is not medically necessary.