

Case Number:	CM15-0008349		
Date Assigned:	01/23/2015	Date of Injury:	07/30/2014
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: Pennsylvania
 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:

The injured worker is a 27 year old male, who sustained an industrial injury on 07/30/2014. He has reported subsequent low back and hip pain and was diagnosed with cervical and lumbar sprain/strain, enthesopathy of the hip and lumbar disc displacement. Treatment to date has included oral pain medication, TENS unit, physical therapy and chiropractic therapy. In a progress note dated 12/08/2014, the injured worker reported continued lower back pain but reported significant improvement in function and range of motion with chiropractic therapy. Objective physical examination findings were notable for spasm and tenderness to palpation of the paraspinal muscles with restricted range of motion and tenderness to pressure over the greater trochanter. The physician requested authorization for Medrox ointment but there was no indication as to why this medication was being requested. On 12/17/2014, Utilization Review non-certified a request for Medrox ointment between 12/08/2014 and 3/16/2015 noting that this drug is a compounded ointment containing Capsaicin and that since Capsaicin is not recommended, the entire drug cannot be recommended. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Medrox Ointment with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals.

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

Decision rationale: Medrox ointment is a combination of capsaicin, menthol, and methyl salicylate. Capsaicin is recommended only as an option in patient's who have not responded or are intolerant to other treatments. There is no documentation in the medical record that this was true in this case. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, therefore Medrox is not recommended. The medical record indicates he is improving prior to this medication and that he takes other medications as needed for pain. There is no indication that those medications are not working satisfactorily.