

Case Number:	CM15-0010374		
Date Assigned:	01/28/2015	Date of Injury:	07/14/2006
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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:

The injured worker is a 69 year old male, who sustained an industrial injury on 07/14/2006. On physician's progress report dated 11/18/2014, the injured worker has reported lower back pain that radiates to lower extremities and numbness and tingling. On examination he was noted to have tenderness to palpation of the lumbar spine and decreased range of motion of bilateral knees. The diagnoses have included lumbar sprain and strain. Treatment plan included MRI cervical spine, lumbar spine, left shoulder, right wrist, and right knee, electromyography, nerve conduction velocity, and Naproxen and Medroxin cream. On 12/22/2014 Utilization Review non-certified Med oxen 120mg. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Med Oxen 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Medroxin 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, in this case, the claimant had already been using oral Naproxen. Since topical NSAID absorption can have similar absorption as oral NSAIDs, the combined medications can potentiate risks. Based on the aforementioned, Medroxin is not medically necessary.