

Case Number:	CM15-0011211		
Date Assigned:	01/28/2015	Date of Injury:	06/24/2014
Decision Date:	03/18/2015	UR Denial Date:	01/03/2015
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: New Jersey, New York
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 47 year old female, who sustained an industrial injury on June 24, 2014. She has reported back, neck, and right knee pain. The diagnoses have included low back contusion, right knee and ankle sprain and strain. Treatment to date has included medications, physical therapy, radiological imaging. A magnetic resonance imaging of the lumbar spine shows mild facet arthrosis. Currently, the IW complains of low back pain. She has physical findings of pain with extension, and tenderness of the lumbar region. She demonstrates a limited range of motion due to pain and stiffness. Strength and sensation is within normal ranges for both legs. She is seen ambulating with a normal gait. On January 3, 2015, Utilization Review non-certified Medrox (duration and frequency unknown) based on MTUS, Chronic Pain Medical Treatment guidelines. On January 14, 2015, the injured worker submitted an application for IMR for review of Medrox (duration and frequency unknown).

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox (duration & frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals & Topical Analgesics (effective July18, 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, salicylate topicals Page(s): 111-113, 104.

Decision rationale: The request for medrox is not medically necessary. Medrox contains menthol salicylate, menthol, and capsaicin. According to MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol with the patient's neck, back, and knee complaints. Capsaicin is recommended only as an option in patients who haven't responded or are intolerant of other treatments. It is unclear if was unable tolerate all his oral medications. There also isn't enough evidence-based proof of efficacy and safety of topical analgesics in the treatment of chronic neuromuscular pain. The request is considered not medically necessary.