

Case Number:	CM15-0120129		
Date Assigned:	06/30/2015	Date of Injury:	10/04/2010
Decision Date:	07/29/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 58 year-old male who sustained an industrial injury on 10/04/10. He reports lower back pain after a vehicular accident. He is status post lumbar surgery 09/2011 with residuals. Current diagnoses include status post percutaneous drainage, secondary to perforated bowel, Status post hematuria; Gastroesophageal reflux disease, secondary to stress and anti-inflammatory medication; irritable bowel syndrome, secondary to stress; internal hemorrhoids, secondary to constipation, hypertension with ventricular hypertrophy, secondary to chronic pain and stress; abdominal pain, and constipation. Treatments to date include physical therapy, aqua therapy, radiographic imaging, cardiology evaluation, dietary changes, and pharmaceutical pain management. In a progress note dated 05/07/15 the injured worker reports severe right lower quadrant pain with swelling, fatigue, and difficulty sleeping. He has persistent lumbar spine pain and dark stool. Physical examination is significant for tenderness to the right upper and lower abdominal quadrant. Treatment recommendations include radiographic imaging of the abdomen, laboratory evaluation, cardiology evaluation, pulmonary evaluation, and Medrox patches, # 20 for pain. The injured worker is under temporary total disability. Date of Utilization review: 06/05/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=27a9a7ac-6elc-4564-bd1b-d6h42edcadaf>.

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 Patches #20 is not medically necessary.