

Case Number:	CM15-0178787		
Date Assigned:	09/21/2015	Date of Injury:	01/05/2010
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand, elbow, and upper extremity pain reportedly associated with an industrial injury of January 5, 2010. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for topical Terocin. An August 25, 2015 RFA form and August 24, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On September 18, 2015, it was acknowledged that the applicant was using a variety of oral and topical medications to include Relafen, Levoxyl, Indocin, vitamin B12, Ambien, and the Medrox patches at issue, several of which were renewed and/or continued. The applicant had undergone an earlier ulnar nerve transposition procedure. The applicant was again asked to continue omeprazole, Medrox, and Ambien. Once again, it was stated that the applicant was using both Relafen and Indocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation Daily Med - MEDROX - methyl salicylate, menthol and dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=27a9a7ac-6e1c, FDA Guidances & Info; NLM SPL Resources. Download Data · All Drug ... Methyl Salicylate 20.00% Menthol 5.00% Capsaicin 0.0375%.

Decision rationale: No, the request for topical Medrox patches was not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the tertiary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals to include Indocin and Relafen effectively obviated the need for the capsaicin-containing Medrox compound in question. Therefore, the request was not medically necessary.