

Case Number:	CM15-0028433		
Date Assigned:	02/20/2015	Date of Injury:	01/02/1990
Decision Date:	04/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/16/2015

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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 2, 1990. In a utilization review report dated February 2, 2015, the claims administrator failed to approve a request for Medrox patches and a flurbiprofen-containing cream. The claims administrator referenced an RFA form received on February 4, 2015 and a progress note of January 20, 2015, in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, Motrin, Medrox, and topical compounded medications were endorsed. The applicant's work status was not furnished. The applicant reported ongoing complaints of neck and low back pain, 3/10 to 4/10. The applicant was using Motrin on an as needed basis, it was acknowledged. The applicant was also attending acupuncture. Both the Medrox patches and flurbiprofen-containing cream at issue were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Medrox Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSIADs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Search ResultsDailyMed - MEDROX- menthol, capsaicin and methyl
...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017...FDA Guidances & Info; NLM SPL Resources. Download Data · All Drug ... Label: MEDROX- menthol, capsaicin and methyl salicylate patch.

Decision rationale: No, the 60 Medrox patches were not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine, is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of ibuprofen, first-line oral pharmaceutical, effectively obviated the need for the capsaicin-containing Medrox patches at issue. Therefore, the request was not medically necessary.

One prescription of Flurbiprofen 20% cream 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127.

Decision rationale: Similarly, the request for flurbiprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to support usage of topical NSAIDs such as flurbiprofen for treatment of the spine, hip, and her shoulder. Here, the applicant's primary pain generators are/were, in fact, the cervical and lumbar spines, i.e., body parts for which there is little evidence to support for usage of topical NSAIDs, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.