

Case Number:	CM15-0072003		
Date Assigned:	04/22/2015	Date of Injury:	09/26/2008
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/15/2015

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

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 35 year old female, who sustained an industrial injury on 9/26/08. The injured worker has complaints of hip pain and back pain. The diagnoses have included lumbar strain; left sacroiliac pain and left hip and leg pain. Treatment to date has included transcutaneous electrical nerve stimulation unit; massage upper back therapy; melatonin for sleep and ibuprofen for pain. The request was for medrox cream three times a day #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Cream TID #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics AND Capsaicin, topical Page(s): 28-29, 111-113.

Decision rationale: Medrox is a topical analgesic preparation, which contains capsaicin 0.0375%, menthol 5%, and methyl salicylate 20%. The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to

determine efficacy and safety currently. The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. Topical salicylates are considered recommended by the MTUS. However, in the case of this worker, the Medrox cream contains a higher than recommended concentration of capsaicin, and therefore, the prescribed Medrox altogether would be non-recommended considered medically unnecessary.