

Case Number:	CM13-0010388		
Date Assigned:	03/19/2014	Date of Injury:	03/27/2012
Decision Date:	06/27/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Board Certified in Internal and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 52 year old female who sustained a work injury on 03/27/2012. The mechanism of injury was not provided. Her diagnoses include cervical and lumbar discopathy, and right knee internal derangement. She complains of persistent neck pain which is aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching, and working above the shoulder level. She has right knee pain which is aggravated by squatting, kneeling, ascending and descending stairs, increased walking, standing and sitting. Examination of the cervical spine reveals tenderness at the cervicodorsal paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is dysesthesia at the C6-7 dermatome. Examination of the lumbar spine reveals tenderness of the lumbar paravertebral muscles. Seated nerve root test is positive. There is dysesthesia at the right L5 and S1 dermatomes. Examination of the right knee reveals tenderness of the right knee joint line with a positive McMurray sign. There is positive patellar compression test and pain with terminal flexion. Treatment has included medical therapy and orthopedic evaluation. The treating provider has requested for Medrox pain relief ointment 120gm x 2 on 05/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT 120GM X 2, 5/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, Medrox ointment. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no indication for the Menthol component of Medrox ointment. In addition, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments there is no documentation of failure to oral medication therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.