

Case Number:	CM14-0140214		
Date Assigned:	09/10/2014	Date of Injury:	09/23/2002
Decision Date:	10/06/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine and is licensed to practice in California. 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:

There were 357 pages provided for this review. The application for independent medical review was signed on August 22, 2014. It was for a prescription of Medrox pain relief ointment refills, which was noncertified, and an MRI of the neck, which was delayed and conditionally non-certified. There was also a prescription for hydrocodone - APAP number 180, with refills that were delayed/conditionally noncertified. The request for the independent medical review was signed on August 29, 2014. Per the records provided, the patient was described as a 57-year-old female injured back in the year 2002 now 12 years ago. The provider was prospectively requesting an MRI of the neck, prescription of the Medrox, and a prescription of Norco. There was continued neck and back pain with bilateral hand numbness. The relative objective findings showed a decrease in cervical and lumbar range of motion. An EMG NCV in January 2014 showed no signs of carpal tunnel or peripheral neuropathy. The Norco was non-certified because they were seeking documentation of any other conservative treatment. In regard to the MRI, again the request was if the patient had undergone conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment with 2 Refills: Upheld

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

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

Decision rationale: Regarding Medrox, CA MTUS note that topical analgesics are recommended as an option in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medrox is a compounded agent which contains Methyl Salicylate 20 percent, Capsaicin 0.0375 percent, and Menthol 5 percent. There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. With the report provided, there are no indications of failed trials of first-line recommendations (antidepressants and anticonvulsants). There is no documentation that these medications are insufficient to manage symptoms. With these in consideration, medical necessity is not established for the requested topical agent.