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| Case Number: | CM14-0172974 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 04/13/2000 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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 Physical Medicine and Rehabilitation 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:

This 37 year-old patient sustained an injury on 4/13/2000 while employed by [REDACTED]. Request(s) under consideration include Medrox patches (20% Methyl Salicylate, 5% Menthol, 0.0375% Capsaicin). Diagnoses include Lumbar disc displacement/HNP/ radiculopathy/ facet syndrome; and reactive depression. Report of 9/18/14 from the provider noted the patient with ongoing chronic low back pain and stiffness. Exam showed lumbar flexion at 80 degrees and is pain free; lumbar extension to 20 degrees with pain and tightness; diffuse lumbar facet tenderness bilaterally at L3-S1; negative SLR; intact DTRs and neurological findings bilaterally. Medications list Percocet and topical compound. Diagnoses included lumbar facet syndrome; history of L4-5 disc protrusion; left L5 radicular pain and weakness; reactive depression. Hand-written report of 10/16/14 from the provider noted the patient with neck, low back and leg pain rated at 8-9/10. Medications list Oxycodone, metaxilone, metroflex patches. Exam showed 5/5 at quad and iliopsoas and 4/5 at EDB, peroneus, toe flexors. Diagnoses include lumbar L4-5 DB with L L5 & S1 radiculopathy, L3-S1 bilateral facet syndrome; increased L L5 & S1 weakness. Treatment included refill of Percocet, Skelaxin, Medrox; HEP, waiting for LESI injections; referral to psychologist and to see primary for sleep apnea. The request(s) for Medrox patches (20% Methyl Salicylate, 5% Menthol, 0.0375% Capsaicin) was non-certified on 9/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches (20% Methyl Salicylate, 5% Menthol, 0.0357% Capsaicin): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Largely experimental in use with few randomized controlled trials to determ.

Decision rationale: This 37 year-old patient sustained an injury on 4/13/2000 while employed by [REDACTED]. Request(s) under consideration include Medrox patches (20% Methyl Salicylate, 5% Menthol, 0.0375% Capsaicin). Diagnoses include Lumbar disc displacement/ HNP/ radiculopathy/ facet syndrome; and reactive depression. Report of 9/18/14 from the provider noted the patient with ongoing chronic low back pain and stiffness. Exam showed lumbar flexion at 80 degrees and is pain free; lumbar extension to 20 degrees with pain and tightness; diffuse lumbar facet tenderness bilaterally at L3-S1; negative SLR; intact DTRs and neurological findings bilaterally. Medications list Percocet and topical compound. Diagnoses included lumbar facet syndrome; history of L4-5 disc protrusion; left L5 radicular pain and weakness; reactive depression. Hand-written report of 10/16/14 from the provider noted the patient with neck, low back and leg pain rated at 8-9/10. Medications list Oxycodone, metaxilone, metroflex patches. Exam showed 5/5 at quad and iliopsoas and 4/5 at EDB, peroneus, toe flexors. Diagnoses include lumbar L4-5 DB with L L5 & S1 radiculopathy, L3-S1 bilateral facet syndrome; increased L L5 & S1 weakness. Treatment included refill of Percocet, Skelaxin, Medrox; HEP, waiting for LESI injections; referral to psychologist and to see primary for sleep apnea. The request(s) for Medrox patches (20% Methyl Salicylate, 5% Menthol, 0.0375% Capsaicin) was non-certified on 9/26/14. Medrox Patches contains [Capsaicin/Menthol/Methyl Salicylate]. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox patches over 0.025% has not been shown to be more efficacious. Medrox patches (20% Methyl Salicylate, 5% Menthol, 0.0375% Capsaicin) is not medically necessary and appropriate.