MAXIMUS Federal Services

Case Number:	CM13-0006935		
Date Assigned:	06/11/2014	Date of Injury:	04/14/2010
Decision Date:	07/29/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine & 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:

The injured worker is a 52-year-old male who reported an injury on 04/14/2010. The mechanism of injury was not provided in the medical records. Per the clinical note dated 06/17/2013, the patient reported increased low back pain that radiated to the right leg and was associated with numbness and tingling. On physical examination of the cervical spine, the physician reported the injured worker had tenderness at the paravertebral muscles and pain with range of motion. The physician also reported there was dysesthesia in the C6 and C7 dermatomes. On examination of the left shoulder, the physician reported tenderness at the left shoulder anteriorly with a positive Hawkins and impingement signs. On examination of the lumbar spine, the physician reported the patient had tenderness from mid- to distal lumbar segments and pain with terminal motion and the seated nerve root test was positive. On examination of the bilateral hips, there was tenderness and the anterolateral aspect of the hip and pain with rotation, and a positive Faber's sign. The physician reported the injured worker had a magnetic resonance imaging (MRI) on 12/28/2012 that revealed a significant disc protrusion at the L4-5 level with modic changes compromising exiting nerve root, right greater than left. The injured worker also had facet arthropathy and an annular tear at the L4-5. There was also an annular tear at the L5-S1 with disc protrusion, facet arthropathy and compromising exiting nerve root at the L5-S1. The injured worker's diagnoses include lumbar discopathy with radiculitis, right hip degenerative joint disease with labral tear, cervical discopathy, bilateral carpal tunnel syndrome, and double crush syndrome. The physician's treatment plan included a prescription for naproxen sodium tablets 550 mg and tizanidine hydrochlorothiazide 4 mg. Per the clinical note dated 08/12/2013, the injured worker had complaints of neck and low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. The physician reported the patient has continued to have persistent pain of his hips. The physician's treatment plan included

a recommendation for a lumbar epidural steroid injection, MRI scan of the lumbar spine, and for the injured worker to continue taking his current medications. The current request is for of Medrox patch # 30 and the rational for use was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCH #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Compound Topical Anesthetic (News Release, December 05, 2006).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105, 111, 28.

Decision rationale: The request for Medrox patch #30 is not medically necessary. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox is a topical analgesic containing menthol 5.00% and 0.0375% capsaicin. The guidelines state that capsaicin 0.0375% is recommended only as an option in injured workers who have not responded or are intolerant of other medications. Additionally, the guidelines indicate that topical salicylates are approved for chronic pain. The clinical documentation provided indicated the injured worker had been prescribed naproxen and tizanidine for pain relief; however, the patient's response to the medication was not provided. Therefore, in absence of documentation that the patient had been intolerant of other medications for pain relief, the criteria for topical analgesics has not been met. As such, the request for Medrox patch #30 is not medically necessary.