

Case Number:	CM13-0013072		
Date Assigned:	09/25/2013	Date of Injury:	08/20/2004
Decision Date:	01/22/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 55-year-old male who reported a work-related injury on 08/20/2004, specific mechanism of injury not stated. Clinical note dated 07/23/2013 reports the patient was seen under the care of [REDACTED] for treating diagnosis of status post L4-S1 laminectomy and discectomy as of 11/2010. The provider documents the patient still has some residual symptomatology to the lumbar spine and continued complaints of neuropathy to the lower extremities. Examination of the lumbar spine was changed. There was pain and tenderness to the mid to distal lumbar segments with spasms. Standing flexion and extension were guarded and restricted. There was some dysesthesia and neuropathy in the lower extremities, and there were some symptoms of dysesthesias from L4-S1. The provider documented the patient underwent an injection of vitamin B12 at this office visit. The provider documented the appropriate pharmacological agents have been recommended for symptomatic relief.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The current request is not supported. Clinical documentation submitted for review fails to evidence support for the long-term necessity of the patient's utilization of Medrox patch. Clinical notes did not document the patient's reports of efficacy or objective functional improvements as a result of utilizing Medrox patches. In addition, California MTUS indicates, "compound medications are largely experimental in use with few randomized control trials to determine efficacy or safety." Given the lack of documentation of efficacy and functional improvement as a result of utilizing this medication, the request for Medrox patch #30 is not medically necessary or appropriate.