

Case Number:	CM13-0014327		
Date Assigned:	03/10/2014	Date of Injury:	03/03/2007
Decision Date:	04/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

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 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:

The patient is a 43 year old female who was injured on 3/3/07. The injury occurred as a result of repeatedly lifting a gun belt and equipment bag into and out of patrol unit. Prior treatment history has included medications, chiropractic, acupuncture, and TENS unit, all of which offered limited benefit. As of 8/27/12, the patient's medications included Flexeril, Naprosyn, Vicodin, Zofran, Topamax 50mg, Nortriptyline 50mg, and Axert 12.5mg. An initial pain management note dated 8/27/12 documented the patient to have complaints of low back pain that radiates to the bilateral lower extremities. The patient has limited activities of daily living, physical activity, ambulation, travel, and sleep. The patient states her pain is sharp and aching, moderate in severity, rated as 4/10. Objective findings on exam revealed a slow gait. There was spinal vertebral tenderness bilaterally at the L4-S1 levels. Her range of motion of the cervical spine was limited secondary to pain. The patellar and Achilles deep tendon reflexes are within normal limits bilaterally, and motor strength is within normal limits in the bilateral lower extremities. Sensory exam showed decreased touch in the bilateral lower extremities along the L5-S1 dermatome, straight leg raise with the patient in the seated position was positive on the bilateral lower extremities for radicular pain at 70 degrees, and a foot drop was absent bilaterally. Clonus was absent bilaterally and Waddell's signs are absent. The patient was diagnosed with lumbar radiculopathy, lumbar facet arthropathy, and chronic pain. A lumbar epidural steroid injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCH #30 DOS: 7/2/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: This is a request for Medrox patches, which are a combination of methyl salicylate, capsaicin, and menthol for topical application. Topical NSAIDs may be recommended for short-term use (4-12 weeks) and are not indicated for osteoarthritis of the spine. The efficacy of long-term use for chronic musculoskeletal pain is not established. They are not indicated for neuropathic pain. Also, the patient appears to be tolerating oral NSAIDs. Therefore, Medrox patch is not medically necessary and is non-certified.