

Case Number:	CM13-0016978		
Date Assigned:	03/19/2014	Date of Injury:	10/10/2011
Decision Date:	05/21/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/27/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, foot pain, and low back pain reportedly associated with an industrial injury on October 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior foot surgery; prior knee surgery; and topical compounds. In a Utilization Review Report of July 23, 2013, the claims administrator denied a request for topical Medrox patches, citing a variety of MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. In a handwritten note dated January 30, 2014, the attending provider, through preprinted checkboxes, furnished prescriptions for Naprosyn, Flexeril, ondansetron, omeprazole, and tramadol. No narrative commentary or applicant-specific rationale was attached to the request for authorization. The applicant was described as totally temporarily disabled on February 12, 2013, pending a Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES (DOS: 7/1/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, the applicant has seemingly been furnished with numerous oral pharmaceuticals, including tramadol, Flexeril, Naprosyn, etc., effectively obviating the need for Medrox. Therefore, the request is not certified.