MAXIMUS Federal Services

Case Number:	CM13-0017003		
Date Assigned:	10/11/2013	Date of Injury:	10/22/2010
Decision Date:	04/17/2014	UR Denial Date:	08/22/2013
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 Internal Medicine, Pulmonary Diseases, 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 50-year-old male who reported an injury on 10/22/2010. The mechanism of injury was not stated. The patient is diagnosed as status post anterior cervical discectomy and fusion, lumbar spondylosis, bilateral knee osteoarthritis, bilateral shoulder musculoligamentous sprain, hearing loss, and anxiety with depression. The patient was seen by [redacted] on 07/23/2013. The patient reported intermittent neck pain, right shoulder pain, and low back pain. Physical examination revealed paraspinal spasm and tenderness, suboccipital tenderness, and decreased range of motion. Treatment recommendations included continuation of current medication, including Medrox patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 MEDROX PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Capsaicin

is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication. It is only noted that the patient prefers topical analgesics as opposed to oral medication. However, the medical necessity has not been established. Therefore, the request is non-certified