MAXIMUS Federal Services

Case Number:	CM13-0019115		
Date Assigned:	10/11/2013	Date of Injury:	09/27/2011
Decision Date:	02/07/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine has a subspecialty in Rehabilitation and Pain Medicine and is licensed to practice in Ohio and 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 58-year-old female who reported a work related injury on 09/27/2011 as a result of cumulative trauma to the cervical spine, bilateral wrists, hands, and low back. Subsequently, the patient presents for treatment of the following diagnosis: cervical spine and left shoulder pain. The clinical notes document the patient utilizes naproxen sodium, Omeprazole, ondansetron, Cyclobenzaprine, sumatriptan, tramadol, and Medrox ointment. The clinical note dated 06/11/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient presents for the following diagnoses: cervical discopathy, lumbar discopathy, segmental instability, bilateral carpal tunnel syndrome, double crush syndrome, bilateral thumb carpometacarpal arthrosis, and trigger thumb. The clinical note documents the patient continues with symptomatology to the lumbar spine, and the provider documents the patient is a lumbar surgical candidate. The provider documents recommendation for the patient to utilize a TENS unit and no medications were dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 9792.20 Medical Treatment Utilization Schedule Definitions, MTUS: ODG.

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

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted for review fails to support the requested topical analgesic for the patient's current pain complaints. The patient continues to present with multiple bodily injury pain complaints, cervical spine, lumbar spine, and bilateral upper extremities status post status post reporting a work related injury in 09/2011. Review of the clinical notes documents the patient was prescribed Medrox patches in 02/2013 for muscle pain. The clinical notes failed to document the patient's reports of efficacy with the requested topical analgesic as evidenced by a decrease in rate of pain on a VAS scale and increase in objective functionality. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety Given all of the above, the request for MEDROX PATCHES #30 is neither medically necessary nor appropriate.