MAXIMUS Federal Services

Case Number:	CM13-0019602		
Date Assigned:	10/11/2013	Date of Injury:	09/05/1995
Decision Date:	02/23/2014	UR Denial Date:	08/20/2013
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 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 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.

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 61-year-old male with date of injury 09/05/1995. The patient is currently being treated by [redacted] who lists the following diagnoses: 1- status post shoulder surgery; 2- Status post lumbar fusion; 3- Degenerative disc disease of lumbar spine with facet arthropathy and retrolisthesis at L1-2, L2-3, and L3-4; 4- Lumbar radiculopathy; 5- Canal stenosis; 6- Degenerative disc disease of the cervical spine with facet arthropathy; 7- L1 compression fracture. [redacted] note of 07/29/2013 states that the patient presented for follow up of neck and back pain which he rated at 7 on a scale of 1 to10. The patient reported an increase in pain on the left side of his low back into his left anterior thigh. His right leg was getting weaker. The patient was undergoing chiropractic treatment which allowed him to sleep about 8 hours per day. The patient was taking Norco 10/325 mg 6-7 times per day, Elavil 10 mg 2 times at night, Baclofen 20 mg 4 times a day, Temazepam 15 mg 2 times at night, and was utilizing Medrox patches. It is unknown how long the Medrox patches have been prescribed for the patient. Objective findings: The patient is alert and oriented, and in no acute distress. On attempt at movement, the patient experienced pain with bending over, leaning back and twisting side to side, limiting their ability to move their back in any direction. There was numbness and loss of sensation over the thigh and into the knee region on both lower extremities. Arm muscle strength was normal. The muscle strength of the right foot and ankle was decreased slightly. The thigh muscles on the right leg were weaker than the left leg which had normal strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches Box NDC: 45861001405 #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics: Cap.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Â§Â§9792.20 - 9792.26 Page(s): 28..

Decision rationale: The Physician Reviewer's decision rationale: Medrox patches contain a topical analgesic with the active ingredients, capsaicin 0.0375%, and menthol USP 5%, used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Medrox patches are not medically necessary.