

<b>Case Number:</b>	CM13-0022880		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice 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 53-year-old male who reported a work-related injury on 01/16/2013 as result of strain to the lumbar spine. The clinical note dated 04/18/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents for treatment of lumbar discopathy. The provider documented upon physical examination of the lumbar spine revealed pain; tenderness in the mid to distal lumbar segments. There were paravertebral muscle spasms; standing flexion and extension were guarded and restricted. Radicular pain component in the lower extremities was not noted; however, there were dysesthesias in L4-5 and L5-S1 dermatomes. The provider documented the patient was administered multiple medications for his lumbar spine pain complaints, naproxen, cyclobenzaprine, ondansetron, omeprazole, and Medrox topical analgesic, as well as tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF MEDROX PATCH, #60 (DOS: 7/30/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The clinical documentation submitted for review lacks evidence to support the patient's utilization of the requested topical analgesic. The most recent clinical note submitted for review is dated from 04/2013. The provider does not indicate the patient's reports of efficacy with his current medication regimen as noted by a decrease in rate of pain on a VAS and increase in objective functionality. California MTUS additionally states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Given all of the above, the request for 1 prescription of Medrox Patch, quantity 60 is not medically necessary or appropriate.