

Case Number:	CM13-0025973		
Date Assigned:	11/22/2013	Date of Injury:	06/21/2011
Decision Date:	01/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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.

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 30-year old female who sustained a work injury on 6/21/11 to her low back while removing a shelf. Patient has been treated with chiropractic, PT, epidural injections and medications including IBP, Tramadol and Flexural. PTP note on 6/27/13 reveals patient reports that chiropractic treatment really helped her. PTP notes on 8/21/13 reveal the patient's lower back pain as "really bad" and radiating to the legs. The patient had a flare-up after lifting luggage. She is diagnosed with lumbar ridicules, insomnia and myofascial syndrome. PTP notes on 9/11/13 reveal low back improving since last visit and increases with prolonged sitting, standing and walking. The patient is taking IBP 800mg 1 po bid and Ultram 50 mg. The request is for Medrox patch, one topically every evening #30 and TG Hot (Capsaicin) transdermally 3x/day t.i.d.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch, one topically every evening, #30: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. In this case, there is no evidence of

intolerance to and/or failure of the first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended." Therefore, the request is non-certified. It is noted that the unfavorable ACOEM recommendation is echoed by that of the MTUS Chronic Pain Medical Treatment Guidelines, which, on page 111, deemed topical analgesics "largely experimental." Therefore, the request is non-certified.

TG Hot (Capasaicin) transdermally three (3) times a day (TID): Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. In this case, there is no evidence of intolerance to and/or failure of the first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended." Therefore, the request is non-certified. It is noted that the unfavorable ACOEM recommendation is echoed by that of the MTUS Chronic Pain Medical Treatment Guidelines, which, on page 111, deemed topical analgesics "largely experimental." Therefore, the request is non-certified