

Case Number:	CM13-0028360		
Date Assigned:	11/27/2013	Date of Injury:	07/31/1991
Decision Date:	02/27/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

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 and Rehabilitation 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 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:

This is a male patient with a date of injury of 7/31/91. A utilization review determination dated 8/30/13 recommends non-certification of Medrox patches and certification of hydrocodone/APAP. A progress report dated 7/30/13 identifies subjective complaints including increasing low back pain. He had a fall approximately one and a half weeks ago due to his right lower extremity "giving out." He has increased his oral medication intake to six Norco 10/325 mg per day. The report then states that Medrox patches helps to decrease his pain and allows him to decrease his oral medication intake. Objective examination findings identify decreased lumbar ROM and tenderness to palpation, mild paravertebral muscular spasm, decreased sensation right L3 to S1 dermatomes, and 4/5 strength in the bilateral lower extremities without specific muscles/myotomes identified. Diagnoses include lumbar radiculopathy; failed back surgery syndrome; chronic pain syndrome; s/p spinal cord stimulator implant 11/23/11; s/p spinal cord stimulator revision 5/15/13; lumbar radiculopathy. Treatment plan recommends urine drug screen as Norco was not detected in the rapid results, Norco, and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches, box x4: 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 topical analgesics Page(s): s 111-113.

Decision rationale: Regarding the request for Medrox, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." They also cite that topical capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, there is no documentation of osteoarthritis and/or tendinitis in a joint amenable to topical treatment, short-term use, and a lack of response or intolerance to other treatments. In the absence of such documentation, the currently requested Medrox is not medically necessary.