MAXIMUS Federal Services

Case Number:	CM13-0028766		
Date Assigned:	12/18/2013	Date of Injury:	03/11/2013
Decision Date:	02/18/2014	UR Denial Date:	08/27/2013
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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in 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 48-year-old female who reported an injury on 03/11/2013. The mechanism of injury was noted to be a fall. Her diagnoses include cervical sprain, cervical radiculopathy, lumbar sprain, lumbar radiculopathy and bilateral ankle tendonitis. Her medications were noted to include Neurontin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch x 3: 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): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental with limited evidence of efficacy and safety. Medrox patches are noted to include menthol 5 grams and capsaicin 0.0375 grams in 100 gram patch. The California MTUS Guidelines state that capsaicin may be recommended for patients who have not responded to other medications nor have intolerance to oral medications. However, there have been no studies of a 0.0375% formulation and there is no indication that an increase over a

0.025% formulation would provide any further efficacy. Moreover, the clinical information provided for review failed to include Medrox patches on the patient's medication list. Therefore, it is not known how the patient is using the patch and the effect it is having on her pain. For these reasons, the request is non-certified

Hydrocodone bit & acet 5/325 mg, #30: 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: of patients taking opioid medications, detailed documentation regarding their pain relief, functional status, and the 4A's for ongoing monitoring is required. The 4A's include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review failed to include documentation of the 4A's for ongoing monitoring or details regarding the patient's outcome and functional status with use of this medication. Therefore, the request is non-certified.