

Case Number:	CM13-0030061		
Date Assigned:	11/27/2013	Date of Injury:	12/18/2001
Decision Date:	02/04/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/26/2013

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 Oklahoma and 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 68-year-old male with a reported date of injury on 12/18/2001. The patient presented with 5/10 pain, difficulty staying asleep, slightly stiff lower back, lower back spasm, stiff neck, reduced active range of motion in the neck with palpable pain bilaterally, and headache. The patient had diagnoses include post-laminectomy syndrome of the lumbar region, myalgia and myositis, degeneration of cervical intervertebral disc, and radiculitis or neuritis. The physician's treatment plan included a request for Medrox 0.0375-20-5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox 0.0375-20-5% patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and salicylate topicals Page(s): 111-113 & 105.

Decision rationale: Guidelines note topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of Capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of Capsaicin only as an option in patients who have not responded

or are intolerant to other treatments. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Within the provided documentation it did not appear the patient had a diagnosis of osteoarthritis, postherpetic neuralgia, or diabetic neuropathy, which would indicate the patient's need for Medrox patches. Additionally, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the patches. Therefore, the request for Medrox 0.0375-20-5% patch is neither medically necessary, nor appropriate.