

Case Number:	CM13-0031014		
Date Assigned:	12/04/2013	Date of Injury:	11/19/2002
Decision Date:	04/17/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 68-year-old male who reported an injury on 11/19/2002. The mechanism of injury was not specifically stated. The patient is diagnosed with bilateral shoulder impingement, lumbar discopathy, left ankle internal derangement, and bilateral carpal tunnel and cubital tunnel syndrome. The most recent physician progress report submitted for this review is dated 02/08/2012 by [REDACTED]. The patient reported persistent lower back pain with activity limitation. Physical examination revealed tenderness to palpation with positive impingement of bilateral shoulders, tenderness to palpation with painful range of motion of the lumbar spine, and tenderness to palpation of the left ankle. Treatment recommendations included continuation of current medication and daily stretching exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT 120GM X2 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. There is also no documentation of a failure to respond to first-line oral medication prior. Based on the clinical information received, the request is non-certified.