

Case Number:	CM13-0032897		
Date Assigned:	12/06/2013	Date of Injury:	05/25/2003
Decision Date:	03/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal 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 52-year-old with stated date of lower back injury of 5/25/2003. In the medical report dated 6/26/2014, the patient has persistent pain of the low back that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Occasionally, he has a flare-up. Overall, he has improved. He has lost some weight and has strengthened his core musculature. The patient notes compliance with the medications provided to him in the past but complaints of an upset stomach with the use of Naproxen. He explains he continues to utilize the Naproxen as it offers him temporary pain relief allowing him to perform his activities of daily living. Examination of the lumbar spine reveals a well-healed midline scar. There is tenderness at the lumbar paravertebral muscles. There is pain with terminal motion. Neurovascular status remains intact. **Diagnosis: 1. L4 THROUGH S1 Bilateral TRANSFORAMINAL LUMBAR INTERBODY FUSION 2. STATUS POST REMOVAL OF LUMBAR SPINAL HARDWARE AT L4 THROUGH S1.** Treatment plan includes prescription for Naproxen Sodium; Omeprazole; Ondansetron; Cyclobenzaprine; Tramadol and Medrol patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two prescriptions of Medrol pain relief ointment 120 gm: 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): 111-113.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for two prescriptions of Medrox pain relief ointment 120 gm is not medically necessary.