

Case Number:	CM13-0034910		
Date Assigned:	12/11/2013	Date of Injury:	06/02/2003
Decision Date:	02/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 Rhode Island. 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 claimant's date of injury is 6/2/03. He has chronic low back pain secondary to degenerative joint disease, spinal stenosis, and herniated disc. He experiences some radiation of pain down his leg. He also has hypertension and obstructive sleep apnea. He is on multiple medications, including Oxycontin, Oxycodone, NSAIDs, and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104,111-113.

Decision rationale: The claimant requests Medrox, which is a combination topical anesthetic consisting of methyl salicylate, capsaicin, and menthol. The use of this agent is considered experimental per MTUS guidelines. There is no evidence for its efficacy, and it should not be used prior to a trial of AED or SSRI medication for pain control. Therefore, the request is non-certified.