

Case Number:	CM13-0039740		
Date Assigned:	04/25/2014	Date of Injury:	10/15/1998
Decision Date:	07/08/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Occupational 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 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of October 15, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; facet joint blocks; unspecified amounts of manipulative therapy; topical compounded drugs; and extensive periods of time off of work. In a Utilization Review Report dated August 30, 2013, the claims administrator denied a request for topical Medrox patches. In an earlier note dated February 12, 2013, the applicant was described as status post L3-L4 and L4-L5 fusion surgery. The applicant reported persistent low back pain, ranging from 6-9/10. The applicant was also having issues with depression, neck pain, mid back pain, it was stated. The applicant had not worked in since 1998, it was further noted. In a subsequent note dated May 20, 2013, handwritten, not entirely legible, the applicant was described as using both Tylenol with Codeine and topical Medrox patches. On September 9, 2013, the applicant was again described as using both Tylenol with Codeine and topical Medrox ointment, the latter of which was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE MEDROX PATCH (DURATION AND FREQUENCY UNKNOWN)
DOS 7/16/2013:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL COMPOUNDING MEDICATIONS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS TOPIC; ORAL PHARMACEUTICALS SECTION CHAPTER 3 Page(s): 111 AND PAGE 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's reported successful usage of first-line oral medications, including Tylenol with Codeine, effectively obviates the need for topical agents and topical compounds such as Medrox which have been deemed, as a class, "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.