

Case Number:	CM13-0040036		
Date Assigned:	12/20/2013	Date of Injury:	09/25/1991
Decision Date:	04/10/2014	UR Denial Date:	09/09/2013
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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This is a 75 year-old female with a 9/25/1991 industrial injury claim. She has been diagnosed with bilateral L4/5 and L5/S1 facet arthropathy with facet syndrome; grade 1, L5 spondylolisthesis with foraminal narrowing causing left L5 radicular pain. According to the 8/6/13 report from [REDACTED], the patient presents with back and left leg pain and minimal depression. The plan was to continue Percocet and Medrox patches.

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 Page(s): 111-113.

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

Decision rationale: The patient presents with chronic low back pain, left leg radiating symptoms and minimal depression. The dispute is with the UR decision against use of Medrox. Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The MTUS guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. The compound also contains Capsaicin 0.375%. The MTUS guidelines state that there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The MTUS guidelines do not support the use of 0.375% Capsaicin. Therefore, the requested Medrox Patches are not medically necessary or appropriate