

<b>Case Number:</b>	CM13-0040762		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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:

The patient is a 61 years old female with an injury date on 10/03/2011. Based on the 07/30/2013 progress report provided by [REDACTED], the diagnoses are: 1. Grade 1 spondyloisthesis at L4-5 with instability of flexio, extension, and x- ray with moderate central canal stenosis and bilateral lower extremity radiculopathy with neurogenic claudication 2. Failure of non-operative treatment including epidural steroid injection. 3. Status post anterior posterior fusion at L4-L5 According to this report, the patient complains of constant low back pain that radiates to the bilateral lower extremities. Pain is rated as a 7-8/10. Physical exam of the lumbar spine reveals tenderness over the sciatic notch. Neurogenic claudication is noted with standing more than 3 minutes causing numbness, tingling, and heaviness in the lower extremities. Straight leg test is positive. Deep tendon reflexes of the patella tendon and Achilles tendon are a 1+ bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 10/24/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 07/02/2013 to 08/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PAD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

**Decision rationale:** According to the 07/30/2013 report by [REDACTED] this patient presents with constant low back pain that radiates to the bilateral lower extremities. The treating physician is requesting Medrox Pad #30. Medrox contains Methyl Salicylate. For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a product with salicylate. The request is not medically necessary and appropriate.

**CMPD- FLURBIPRO/ETHOXYLI/PENTRAVAN DAY SUPPLY: 30 QTY: 120  
REFILLS: 0:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** According to the 07/30/2013 report by [REDACTED] this patient presents with constant low back pain that radiates to the bilateral lower extremities. The treating physician is requesting CMPD-Flurbipro/Ethoxyl/Pentranvan for 30 days, #120. Regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for a topical NSAID as the patient does not present with peripheral joint arthritis/tendinitis problems. MTUS states that if one of the compounded topical component is not recommended, then the entire compound is not recommended. The request is not medically necessary and appropriate.