

Case Number:	CM13-0044938		
Date Assigned:	03/31/2014	Date of Injury:	10/20/2009
Decision Date:	08/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	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 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 represented [REDACTED] employee who has filed a claim for chronic neck pain associated with an industrial injury of March 2, 2009. Thus far, the applicant has been treated with analgesic medications, muscle relaxants, topical agents, opioid therapy, and various interventional spine procedures. A February 4, 2013 progress note was notable for comments that the applicant was using Ambien, Flexeril, and Norco at that point in time. The applicant was off of work. On September 16, 2013, the applicant was described as using Ambien, Flexeril, Vicoprofen, and a topical compounded drug for ongoing complaints of neck pain. The applicant was given work restrictions which the applicant's employer was unable to accommodate, resulting in the applicant's removal from the workplace. Medrox was also refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDROX FOR THE CERVICAL SPINE, DISPENSED ON 9/16/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

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 ongoing usage of multiple first-line oral pharmaceuticals, including Flexeril, Vicoprofen, etc. effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Medrox. Therefore, the request is not medically necessary.