

Case Number:	CM13-0048777		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2005
Decision Date:	05/22/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/06/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 48-year-old gentleman who was injured in a work related accident on October 14, 2005. Current clinical records indicate an indication of low back injury which has been treated conservatively as well as surgically. An August 7, 2013 operative laminectomy to the right L5-S1 level took place. A follow-up clinical record of September 23rd indicated postsurgical low back related complaints and radiating right lower extremity pain. There was still associated numbness and weakness to the digits. It states he was utilizing medications including Norco, Soma and anti-inflammatory medications. Postoperative physical exam findings showed continued tenderness to the low back with motor weakness to the peroneus longus and extensor hallucis longus with 5-/5 on the right. Recommendations at that time were for continuation of a course of formal physical therapy and medication management to include Medrox patches. Postoperative imaging, however, is unavailable for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES #30: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Medrox patches in this case would not be indicated. Medrox patches contain Capsaicin at a dosage of 0.0375%, higher than the recommended dosage of 0.025%. Furthermore, at time of clinical presentation, there would be no indication for role of Capsaicin which is typically reserved for patients who are intolerant or unresponsive to first line agents. The patient's clinical picture of acute surgical process with concordant use of medications including muscle relaxants, non-steroidal medications and short acting narcotic analgesics would not support the current role of topical Capsaicin at this stage in the patient's clinical course of care. Therefore the request is not medically necessary.