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| Case Number: | CM13-0051419 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/28/1989 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 67-year-old male who sustained an injury on 04/28/1989 of unspecified nature. The patient was evaluated on 09/11/2013 for complaints of burning, pinching, spasms, and pain in low back and into left anterior thigh. The patient was noted as taking Trazodone, Zonegran and Flexeril for sleep aids. Upon physical examination of the lumbar spine, the patient was noted to have pain to palpation over the L4, L5 and S1 nerve roots bilaterally and decreased range of motion. The documentation submitted for review further indicated the patient had a lumbar laminectomy in 1993 with hardware placement. The treatment plan was noted as continue current medications which included Wellbutrin, Flexeril, Lodine XL, Trazodone, Zonegran, Percocet, Lyrica, Medrox patches, Sudafed, Vitamin E, Vitamin D, fish oil, and a multivitamin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches b.i.d for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Medrox patches b.i.d for the lumbar spine is non-certified. Medrox is a topical analgesic that contains 20% Methyl Salicylate, 5% Menthol, and 0.0375% Capsaicin. The California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....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." Therefore, since the Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not supported. Furthermore, Capsaicin is only recommended for patients who are intolerant or are unresponsive to other treatment. The documentation submitted did not indicate the patient did not tolerate of other treatment nor was the patient noted as unresponsive to treatment. Given the information submitted for review the request Medrox patches b.i.d for the lumbar spine is non-certified.