

<b>Case Number:</b>	CM13-0052732		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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 mid and low back pain = associated with an industrial injury sustained on January 1, 2008. Thus far, the applicant has been treated with analgesic medications, topical compound, physical therapy, chiropractic manipulative therapy, and transfer of care to and from various providers in various specialties. A September 4, 2013 progress note is notable for comments that the applicant has ongoing issues with reflux, constipation, weight gain, hypertension, and blurred vision. Colace, Prilosec, and Medrox were endorsed. The applicant is asked to eschew oral NSAIDs. The reason was not clearly stated, although one can presume this was a function of acid reflux, which the attending provider, attributed to psychological stress. Various medications, including Medrox, were refilled. The applicant's work status was unknown. In an August 28, 2013 progress note, the applicant was described as using oral Tramadol for pain relief. The applicant was also using Medrox patches on August 7, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A ONE MONTH SUPPLY OF MEDROX PATCHES:** Upheld

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

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are largely experimental. In this case, the applicant's ongoing usage of Tramadol, a first-line oral pharmaceutical, effectively obviates the need for largely experimental agents such as Medrox. It is further noted that the applicant has already used Medrox for some time, despite the unfavorable MTUS recommendation, and does not appear to have profited through prior usage of the same. The applicant has seemingly failed to return to work. The applicant remains highly reliant on various oral and topical medications. All of the above, taken together, imply a lack of functional improvement. Therefore, the request for Medrox is not certified.