

Case Number:	CM13-0054036		
Date Assigned:	12/30/2013	Date of Injury:	04/30/2013
Decision Date:	03/13/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, and hip pain reportedly associated with an industrial injury of April 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representations; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 23, 2013, the claims administrator denied a request for a topical compounded Medrox ointment. The applicant's attorney subsequently appealed. A subsequent note of December 12, 2013 is notable for comments that the applicant's case is pending a contested case hearing. The applicant reports persistent low back and hip pain. The applicant is placed off of work, on total temporary disability, and given prescriptions for topical Medrox, Norflex, Norco, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

One tube of medrox pain relief ointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted in the on Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, the applicant was apparently using several first-line oral pharmaceuticals including Norflex, Norco, Naprosyn, etc., effectively obviating the need for topical analgesics or topical compounds such as Medrox which are, according to the Chronic Pain Medical Treatment Guidelines, "largely experimental." In this case, it is further noted that the applicant has used this particular topical compound chronically and failed to derive any lasting benefit or functional improvement as a result of prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, and remains highly reliant on various medications and medical treatments, including chiropractic manipulative therapy, taken together, implies a lack of functional improvement as defined in the Chronic Pain Medical Treatment Guidelines despite prior usage of topical Medrox. The request for one tube of medrox pain relief ointment is not medically unnecessary or appropriate.