

Case Number:	CM13-0056383		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2012
Decision Date:	03/19/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 51 year-old injured worker with a date of injury of 02/27/12. A progress report associated with the request for services, dated 10/31/13, identified subjective complaints of neck & back pain. Objective findings included a positive straight leg-raising test bilaterally and slight decrease in motor function in the left leg. Diagnoses included lumbar disc disease with radiculopathy. Treatment has included oral medications. A Utilization Review determination was rendered on 11/15/13 recommending non-certification of "Medrox patches (Duration and frequency unknown) dispensed at 08/27/2013".

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches dispensed at 08/27/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical; Salicylate Topicals; Topical Analgesics Page(s): 28-29, 105, 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. Specifically, the Chronic Pain Medical Treatment Guidelines do recommend topical salicylates

as being significantly better than placebo in chronic pain. However, salicylate is a non-steroidal anti-inflammatory agent. The MTUS Guidelines note that this class of topicals has not been shown to have long-term effectiveness. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The only FDA approved agent, diclofenac, has not been evaluated for treatment of the spine, hip or shoulder. They are not recommended for neuropathic pain as there is no evidence to support their use. Also, the Guidelines state that: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, since the guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" the request cannot be supported and as well there is no documentation included in the medical records that support the medical necessity of Medrox. The request for Medrox patches (Duration and frequency unknown) dispensed at 08/27/2013 is not medically necessary and appropriate.