

Case Number:	CM13-0061999		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2013
Decision Date:	05/28/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 33-year-old male who reported an injury on 03/03/2013, secondary to repetitive heavy lifting. Current diagnoses include left shoulder subacromial impingement syndrome, herniated nucleus pulposus at C4-5 with left upper extremity radiculopathy, and thoracic spine musculoligamentous sprain. The injured worker was evaluated on 08/13/2013. The injured worker reported persistent neck and mid back pain. The injured worker was status post cervical epidural steroid injection on 08/09/2013, without relief. Physical examination revealed decreased cervical range of motion, positive Spurling's maneuver on the left, decreased sensation to light touch over the lateral aspect of the left shoulder, weakness in the left deltoid and biceps, and 1 to 2+ deep tendon reflexes. Treatment recommendations included prescriptions for Norco, Flexeril, and Medrox patch.

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.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, there is no evidence of a failure of first line treatment with oral medication prior to the initiation of a topical analgesic. Therefore, the request is not medically necessary.