MAXIMUS Federal Services

Case Number:	CM13-0062732		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2008
Decision Date:	04/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 49-year-old male who reported an injury on 09/15/2008. The mechanism of injury was a motor vehicle accident. His initial course of treatment is unclear. However, his injuries resulted in chronic low back pain and resulted in an anterior lumbar interbody fusion at L5-S1. The patient received significant improvement from this surgical intervention performed in 2010, but had a return of symptoms in late 2011. The patient then received epidural and facet injections, aquatic therapy, and acupuncture to treat his residual symptoms. Another surgical procedure, a fusion at L4-5, was requested but never authorized. The patient has been managing his symptoms with conservative therapies and medications. The most recent PR-2 dated 12/12/2013, reported that the patient was utilizing tramadol, Prilosec, gabapentin, and Flexeril, the use of which decreased his pain levels from 8/10 to a 4/10 to 5/10 on a daily basis. The patient's lumbar spine range of motion was reported as limited; however, no objective measurements were provided. Straight leg raising was noted to be positive at 45 degrees on the left, with pain radiating into the posterior aspect of the left thigh. Muscle strength was 5/5 bilaterally, with decreased sensation in the S1 nerve root distribution. The patient continues to depend on medications to improve his function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines recommend topical analgesics to treat osteoarthritic and neuropathic pain. Guidelines state that any compounded product containing at least 1 drug (or drug class) that is not recommended, deems the entire product not recommended. Medrox is a combination of menthol and capsaicin in a formulation of 0.0375%. Guidelines state that any formulation of capsaicin in excess of 0.025% is not recommended, as there is no evidence regarding increased efficacy. As the requested formulation of capsaicin is not recommended, and there was no desired amount of patches noted within the request, the entire product is therefore, not recommended, and the request for pharmacy (Medrox Patches) is noncertified