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| Case Number: | CM13-0063718 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 10/30/2006 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/10/2013 |

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 56-year-old male with a history of lumbar pain when he slipped off a loading dock and fell approximately 6 feet landing on his back and the back of his head, suffering a loss of consciousness on 10/30/2006. Since then, he has had complaints of moderate neck, upper /mid back, left shoulder, and moderate to severe lower back pain. He has received extensive treatments to include shockwave treatment, epidural steroid injections, physical therapy and medication management. Documented on the requesting physician progress note (9/11/13) is a patient complaint of 5/10 pain in his neck, 9/10 pain in the mid/upper back, 8/10 pain the lower back and 3/10 in the left shoulder. On physical examination, there is cervical, thoracic and lumbar paraspinal tenderness and spasm, as well as a restriction in range of motion. A positive cervical compression and straight leg raise are noted. The patient's listing of diagnosis includes tension headaches, cervical disc disease, thoracic and lumbar spine strain, lumbar disc protrusion, left shoulder tendonitis with possible impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX CREAM 120GMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Drugs.com..

Decision rationale: Medrox is a topical analgesic used for temporary relief of minor aches and muscle pain associated with arthritis, simple backaches, strains, muscle soreness and stiffness. Per the MTUS Chronic Pain Guidelines, topical analgesics are primarily recommended for neuropathic pain following failure of antidepressants and anticonvulsants. The reasoning for prescribing the topical analgesic is to minimize possible gastrointestinal (GI) and neurovascular complications, avoid complications associated with the use of narcotic medications as well as upper GI bleeding from the use of non-steroidal anti-inflammatory drug (NSAID) medication. Since the MTUS Chronic Pain Guidelines recommend the use of topical analgesics for neuropathic pain following failure of antidepressants and anticonvulsants, this request is not medically necessary and appropriate.