

Case Number:	CM13-0063939		
Date Assigned:	01/03/2014	Date of Injury:	04/07/2009
Decision Date:	04/18/2014	UR Denial Date:	12/04/2013
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 Anesthesiology, has a subspecialty in Pain Management 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 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 65-year-old female who sustained an injury on 04/07/2009 of an unspecified nature. The patient was evaluated on 11/12/2013 for complaints of low back pain rated 8/10 on the VAS pain scale. The patient indicated the pain radiated to the bilateral lower extremities associated with numbness and tingling. The patient was noted as taking ibuprofen for pain. The physical examination noted the patient had decreased range of motion to the lumbar spine region and had a positive straight leg raise bilaterally. The patient's diagnoses were noted as lumbar spine spondylosis, bilateral lower extremity radiculopathy, right knee mild osteoarthritis, status post 2 knee arthroscopies, and anxiety, stress, depression, and insomnia secondary to orthopedic injury.

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): 111-112.

Decision rationale: The documentation submitted for review indicated the patient was taking ibuprofen 800 mg for pain. As the patient still had a pain rating of 8/10 on the VAS pain scale, the treatment plan included the addition of Medrox patches for pain management. The California MTUS Guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Medrox patches are noted to include capsaicin, menthol, and methyl salicylate. The California MTUS Guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted for review did not indicate the patient was intolerant of oral medications. Furthermore, the documentation submitted for review indicated the patient was taking only ibuprofen 800 mg. Therefore, the need for a topical analgesic is unclear. It is additionally noted that Medrox contains 0.0375% capsaicin. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that the increase over a 0.025 formulation would provide any further efficacy. The 0.0375% formulation is not recommended by guidelines. Therefore, since capsaicin is not approved and Medrox is being used for chronic pain, the request for Medrox is not supported. Given the information submitted for review, the prospective request for one (1) prescription of Medrox Patches, #30 is non-certified.

URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The documentation submitted for review indicated the patient was taking ibuprofen 800 mg for pain. As the patient was not documented as taking any controlled medications, the need for a urine drug test is unclear. The California MTUS Guidelines recommend the use of drug screens to assess for the use or presence of illegal drugs. The documentation submitted for review did not indicate the patient was suspected of using illegal drugs. Furthermore, the documentation submitted for review did not indicate a urine drug screen as part of the treatment plan. Therefore, drug testing is not supported. Given the information submitted for review, the prospective request for one urine drug test is non-certified.