

Case Number:	CM13-0066426		
Date Assigned:	01/03/2014	Date of Injury:	05/07/2010
Decision Date:	05/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 57 year old male with an injury date of May 7, 2010. Based on the October 18, 2013 progress report provided by [REDACTED] the patient's diagnosis include the following left sided L3-L4 foraminal herniated nucleus pulposus impinging on the exiting left L3 nerve root, and left lower extremity radiculopathy with positive femoral stretch test and positive left anterior thigh pain. [REDACTED] is requesting for Medrox Patches #30. The utilization review determination begin challenged is dated November 18, 2013 and recommends denial of the Medrox Patches. [REDACTED] is the requesting provider, and he provided treatment reports from July 10 to November 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES, THIRTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Medrox.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain Section, Anti-Inflammatory Medications and NSAIDs (non-steroidal ant.

Decision rationale: According to [REDACTED] October 18, 2013 progress report, the patient presents with left sided L3-L4 herniated disc nucleus pulposus impinging on the exiting left L3 nerve root and left lower extremity radiculopathy. The request is for Medrox Patches #30. Medrox patch contains salicylate, capsaicin, and lidocaine. Chronic Pain Medical Treatment Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the component is not recommended, then the entire component is not recommended. In this case, Medrox patch contains salicylate, which is a topical NSAID. Topical NSAID is indicated for peripheral arthritic and tendinitis pain per Chronic Pain Medical Treatment Guidelines. This patient does not present with peripheral joint arthritis or tendinitis but struggles with low back pain. The request for Medrox patches, thirty count, is not medically necessary or appropriate.