

Case Number:	CM13-0068323		
Date Assigned:	01/03/2014	Date of Injury:	12/01/2011
Decision Date:	05/22/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 Interventional Spine, 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:

This patient is a 39-year-old male with date of injury of 12/01/2011. Per the treating physician's report 10/29/2013, this patient is presenting symptoms of chronic low back pain with radiation to buttocks and legs, sleep difficulties, and some stress and anxiety. Diagnostic impression is that of lumbar radiculopathy. Under treatment and discussion, there is a request for "Medrox pain relief ointment b.i.d." Utilization Review letter date is 12/09/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDROX OINTMENT FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: This patient presents with chronic low back and lower extremity pain. The request is for Medrox ointment, which contains methyl salicylate, menthol, and capsaicin. The MTUS Guidelines allow use of topical non-steroidal anti-inflammatory drugs (NSAIDs) or

salicylate, in this case, for peripheral joint arthritis and tendinitis. This patient presents with low back with radicular symptoms and does not present with peripheral arthritis or tendinitis for which topical NSAID is indicated. The MTUS Guidelines do not support compounded topical products if one of the components is not supported. In this case, methyl salicylate is not supported. The recommendation is for denial.