

Case Number:	CM14-0002149		
Date Assigned:	01/29/2014	Date of Injury:	01/28/2009
Decision Date:	06/16/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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, Pain Medicine and is licensed to practice in New York. 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 injured worker is a 65 year old male who sustained an injury on 01/28/09. No specific mechanism of injury was noted. The injured was followed for complaints of neck pain radiating to the upper extremities. There was a recommendation for cervical fusion. The most recent assessment on 09/03/13 indicated there was ongoing neck pain, low back pain, and pain in the right shoulder more than the left. The patient postponed surgical intervention. The patient was recommended to return to physical therapy. On physical examination there was tenderness to palpation in the paravertebral musculatures with associated spasms. Range of motion of the cervical spine was restricted. Similar findings were noted in the lumbar spine with decreased range of motion. Impingement signs were positive in the shoulders. Medications were not specifically addressed at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MEDROX PAIN RELIEF OINTMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), COMPOUNDED MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: In regards to Medrox ointment, this reviewer would not have recommended this topical medication as medically necessary. Per Chronic Pain Medical Treatment Guidelines, topical medications are largely considered experimental/investigational in the treatment of chronic pain. In this case there was no indication that oral medications were contraindicated or not tolerated. It was unclear if the patient had failed previous trials of anticonvulsant or antidepressant medications. Given the absence of any clear indications regarding contraindication to oral medications and failure of other medications recommended for neuropathic pain, this reviewer would not have recommended certification of this medication as medically necessary.