

Case Number:	CM14-0104483		
Date Assigned:	09/24/2014	Date of Injury:	02/09/2007
Decision Date:	12/12/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 9, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; opioid therapy; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated June 11, 2014, the claims administrator failed to approve a request for Medrox patches and LidoPro lotion. The applicant's attorney subsequently appealed. In a progress note dated January 23, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant received trigger point injection therapy on this occasion. The applicant was described as using Vicodin, Neurontin, Ambien, Relafen, and Prilosec, it was noted. The applicant had received both spine surgery and a spinal cord stimulator, it was noted. The applicant was not working and had been deemed "disabled," it was acknowledged. Vicodin, Neurontin, Ambien, Relafen, and Prilosec were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED RQ Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics & NSAIDs.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Medrox, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Neurontin, Relafen, Norco, etc., effectively obviates the need for the topical compounded Medrox agent. Therefore, the request is not medically necessary.

Lido Pro lotion, 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics & NSAIDs.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds, such as Medrox are deemed "largely experimental." The applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Neurontin, Relafen, Norco, etc., effectively obviates the need for the LidoPro lotion at issue, it is further noted. Therefore, the request is not medically necessary.