

Case Number:	CM14-0010695		
Date Assigned:	02/21/2014	Date of Injury:	01/18/2012
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 57 year old female injured on 01/18/12 after throwing a heavy rug. Current diagnoses included MRI evidence for C4 through C6 disc bulges causing neural foraminal narrowing, mild central canal narrowing, diffuse weakness and pain in the right upper extremity and right lateral epicondylitis, reactive depressive symptoms, and low back pain. A clinical note dated 01/08/14 indicated the injured worker presented with continued neck, back, and right shoulder pain rated 8/10. The injured worker reported reactive depressive symptoms that were interfering with her function. The injured worker avoided oral medications as she reported it interfered with her cognitive function; however, she used Terocin very sparingly. Physical examination revealed PHQ-9 score of 21/30 indicating severe depressive symptoms. Neck and cervical spine examination revealed tenderness to palpation over bilateral upper trapezius muscles with trigger points, decreased range of motion. Lumbar spine examination revealed positive straight leg raise bilaterally, 5/5 muscle strength, and deep tendon reflexes equal and symmetric bilaterally. The injured worker was recommended for a functional restoration program evaluation and provided a trial of Medrox patches due to her preference against oral medications. The initial request for Medrox patches #30 was non-certified on 01/27/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 105, 112-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, the MTUS Chronic Pain Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore, the request for Medrox Patches #30 cannot be recommended as medically necessary as it does not meet the MTUS Chronic Pain Guidelines' criteria.