

Case Number:	CM14-0116963		
Date Assigned:	08/04/2014	Date of Injury:	09/27/2012
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 47-year-old male who reported an injury 09/27/2012. The mechanism of injury was not provided within the medical records. The Clinical Note dated 05/27/2014 indicated diagnoses of lumbar disc syndrome, lumbar spine sprain/strain, bilateral lower extremity radiculitis, and intractable pain. The injured worker reported low back pain rated 6/10 that radiated along the posterior left lower extremity. The injured worker reported dizziness and anxiousness. The injured worker reported he felt lethargic and felt like he had to sleep. The injured worker reported he was engaged in a home exercise program and had started acupuncture and physical therapy. On physical examination of the lumbar spine range of motion was decreased and limited by pain in all directions with spasms upon flexion and extension. The injured worker straight leg raise test was positive at 45 degrees on the left with the Valsalva maneuver present and Braggard's test was positive on the left. The injured worker's deep tendon reflexes were 2+ bilaterally, motor strength was intact. The injured worker's treatment plan included a pain management evaluation, surgical spine consultation, and medication refills. The injured worker's prior treatments included physical therapy and medication management. The injured worker's medication regimen included Flexeril, Omeprazole, Medrox patches, and Relafen. The provider submitted a request for Medrox patches. A Request for Authorization dated 05/27/2014 was submitted for Medrox patches; however, a rationale was not provided for review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Product; Capsaicin Topical; Salicylate Topical, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Medrox patches #30 is not medically necessary. It was not indicated that other treatments were intolerant. In addition the documentation submitted did not indicate the injured worker had findings that would support he was at risk for postherpetic neuralgia, diabetic neuropathy and postmastectomy pain. Moreover, capsaicin is generally available as 0.025% formulation. The amount of capsaicin of 0.0375% in Medrox is excessive and exceeds the guidelines recommendation. Furthermore, the request did not provide a dosage or frequency for the medication. Therefore, per the California Chronic Pain Medical Treatment Guidelines the request for Medrox patches is not medically necessary.