

Case Number:	CM14-0124579		
Date Assigned:	08/08/2014	Date of Injury:	10/23/2012
Decision Date:	09/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 male who reported an injury on 10/23/2012. The mechanism of injury was a lifting injury. On 01/06/2014, the injured worker presented with cervical, thoracic, and lumbar spine pain. Current medications include Zanaflex. The diagnoses were sprain and strain of the neck, sprain/strain of the thoracic region, degeneration of the lumbar spine disc, and lumbar disc displacement without myelopathy. Upon examination, the injured worker ambulated in the examination room without assistance and is able to sit comfortably on the examination table without difficulty. The provider recommended 20 Medrox patches 5%. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Medrox Patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for 20 Medrox Patches 5% is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option for injured workers who are not responsive to or intolerant of other treatments. There is lack of documentation that the injured worker is intolerant of or unresponsive to other medications. Additionally, the provider's request does not indicate the frequency of the Medrox patches or the site that is indicated for in the request as submitted. As such, the request is not medically necessary.