MAXIMUS Federal Services

Case Number:	CM14-0167119		
Date Assigned:	10/14/2014	Date of Injury:	11/27/2007
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 November 27, 2007.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; opioid therapy; adjuvant medications; epidural steroid injection therapy; and topical compounds.In a Utilization Review Report dated October 3, 2014, the claims administrator failed to approve a request for topical Medrox patches. The claims administrator stated that it was invoking ACOEM in the references section of the note but went on to seemingly employ the MTUS Chronic Pain Medical Treatment Guidelines in the report rationale.The applicant's attorney subsequently appealed.In a progress note dated January 18, 2014, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was asked to continue Elavil. The applicant apparently used marijuana on one occasion but stated that he had no intention of continuing the same.In a September 5, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant had last worked in 2007. The applicant developed issues with anxiety and depression. The applicant was using Norco, Neurontin, and Flexeril, it was acknowledged. The applicant received prescriptions for Neurontin, Flexeril, Norco, and Medrox at the bottom of the report, it was acknowledged. The applicant was apparently disinclined to pursue a spinal cord stimulator implantation, it was noted. The applicant was asked to follow up with a psychologist. The applicant was not working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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," primarily intended for neuropathic pain in applicants in whom anticonvulsant adjuvant medications and/or antidepressant adjuvant medications had failed. In this case, however, the applicant's ongoing usage of Gabapentin, an anticonvulsant adjuvant medication, effectively obviates the need for the Medrox patches at issue. Therefore, the request is not medically necessary.