

Case Number:	CM14-0179715		
Date Assigned:	11/04/2014	Date of Injury:	11/28/2001
Decision Date:	12/26/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 28, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; adjuvant medications; psychotropic medications; and earlier lumbar spine surgery. In a Utilization Review Report dated October 9, 2014, the claims administrator failed to approve a request for topical Medrox patches. The applicant's attorney subsequently appealed. In a September 2, 2014 progress note, the applicant reported highly variable low back pain ranging from 4 to 10/10. The applicant stated that pain complaints were interfering with activities of daily living to include sleep, family life, work performance, and driving. Physical therapy, manipulative therapy, massage therapy, injections, and spine surgery have all been previously performed, without significant pain relief. The applicant was given multiple medication refills, including Celebrex, Prevacid, Viagra, Norco, aspirin, Toprol, Diovan, Ambien, Lipitor, Desyrel, and AndroGel. On August 14, 2014, the applicant was given refills of Celebrex, Viagra, Lopressor, Diovan, Lipitor, Prevacid, AndroGel, Opana, Nuvigil, Norco, Ambien, Xanax, Valium, Desyrel, and Skelaxin. The applicant's work status was not clearly stated on this occasion, although the applicant did not appear to be working. The Medrox patches were apparently endorsed via September 2, 2014 progress note and September 11, 2014 RFA form the claims administrator posited in its Utilization Review Report, although it did not appear that the document was incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Medrox Patches #6, 1 patch once a day on affected area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints and Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/otc/129388/medrox.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28.

Decision rationale: Medrox, per the National Library of Medicine (NLM), is an amalgam of menthol, capsaicin, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that topical Capsaicin should be reserved as a last line option for applicants who have not responded to or are intolerant to other treatments. Here, however, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Desyrel, Skelaxin, Norco, Opana, Celebrex, etc., effectively obviated the need for the Capsaicin-containing Medrox patches. Therefore, the request was not medically necessary.