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| Case Number: | CM14-0020076 | | |
| Date Assigned: | 06/04/2014 | Date of Injury: | 12/20/2010 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 had a work related injury on 12/20/10. He was reaching for an object off the top shelf of a UPS truck and had a "jolt" in his lower back. Pain persisted after taking a week off and he reported the injury on 02/23/11. He received 12 sessions of physical therapy and 12 sessions of chiropractic which gave him about 60% relief of symptoms. He then had an epidural steroid injection in January of 2013 which gave him 60% relief. The injured worker underwent work hardening with a significant relief of symptoms and returned to work rating his pain at 2 on a VAS scale. MRI and CT scan documented L5-S1 degenerative disc with retrolisthesis causing facet arthropathy and facet syndrome. The injured worker was prescribed Medrox patches. The request is for Medrox patches. The injured worker currently rates his pain as 0-2/10 located in the midline of the lumbar spine and is improved with stretching exercise and a Medrox patch. He denies any radicular type symptoms. Physical examination was unremarkable and the injured worker has been released back to full duty at work. The request for Medrox patches for the lumbar spine were denied in initial utilization review.

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 Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: Guidelines indicate that topical medications are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence that this injured worker has tried any antidepressants or anticonvulsants. The request is not medically necessary or appropriate.