

<b>Case Number:</b>	CM14-0020408		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Preventive 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 has filed a claim for chronic low back pain, associated with an industrial injury in March 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar spine surgery; a spinal cord stimulator; and topical compounds. In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for a topical compound and Medrox cream. A pain management note dated February 6, 2014, was notable for comments that the applicant was formerly employed as a maintenance mechanic welder. The applicant continued to report chronic low back pain and was described as a veteran. The applicant did have issues with hypertension. It was noted that the applicant was using Hydrocodone, Zestril, Vitamin B12, Coumadin, and Allegra. The applicant was deemed 100% disabled. The applicant was asked to pursue some form of functional restoration program. In a November 7, 2013 progress note, the applicant was again described as having persistent, chronic low back pain. At that point in time, the applicant was using a variety of analgesic, adjuvant, and non-industrial medications, including Neurontin, Tramadol, Exoten lotion, Zocor, Zestril, Hydrochlorothiazide, Vitamin B12, Coumadin, and Allegra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MEDROX CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; SALICYLATE TOPICALS; TOPICAL NSAIDs; CAPSAICIN, TOPICAL.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, that oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceutical, so as to justify usage of topical agents and/or topical compounds, such as Medrox. Medrox as a class, are deemed largely experimental, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. While the applicant's simultaneous usage of Coumadin does seemingly impact and limit medication choice, the applicant is reportedly described as using two first-line oral pharmaceuticals, including Tramadol and Neurontin, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the requested Medrox cream. Therefore, the request is not medically necessary.