

Case Number:	CM14-0024628		
Date Assigned:	06/20/2014	Date of Injury:	02/16/2010
Decision Date:	12/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 Interventional Spine 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 patient is a 31 year old patient with an injury date of 02/16/10. Based on the 10/14/13 progress report, the patient complains of low back pain which he rates as a 7/10 with a tingling sensation to the bilateral lower extremities (left greater than right). He also has a flare up of lumbar spine symptoms. The lumbar spine has a limited range of motion and has spasm upon extension. Both Kemp's test and the straight leg raise are positive bilaterally. The 11/18/13 progress report states that the patient has low back pain which radiates down the legs (rated as a 5/10). "He notes constant severe pain on L1 area spinous process with increased pain with movement, as well as flare up." The patient has a positive Valsalva test. The patient's diagnoses include the following: 1. Status post lumbar spine surgery x 2 with residuals. 2. Lumbar disc syndrome. 3. Rule out recurrent herniation. The utilization review determination being challenged is dated 02/04/14. Treatment reports are provided from 08/19/13, 10/14/13, and 11/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The 11/18/13 report states that the patient has low back pain which radiates down the legs. The request is for Medrox Patches #30. Medrox patch contains salicylate, capsaicin, and lidocaine. MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the components is not recommended, then the entire component is not recommended. In this case, Medrox patch contains salicylate, which is a topical NSAID. Topical NSAID is indicated for peripheral arthritic and tendinitis pain per MTUS Guidelines. This patient does not present with peripheral joint arthritis or tendinitis but struggles with low back pain which radiates down his legs. Furthermore, topical Lidocaine is recommended for neuropathic pain that is peripheral and localized. This patient has neuropathic pain that is diffuse. The request is not medically necessary.