

Case Number:	CM14-0032048		
Date Assigned:	04/09/2014	Date of Injury:	10/22/2011
Decision Date:	05/28/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 and is licensed to practice in Texas and Oklahoma. 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 claimant is a 55-year-old male who reported an injury on 10/11/2011 after he delivered a refrigerator which caused a sudden onset of low back pain. Treatment history included physical therapy, acupuncture, epidural steroid injections, and multiple medications. The patient was monitored for aberrant behavior with urine drug screens. Evaluation dated 12/20/2013, noted that the injured worker had pain rated at an 8/10. Physical findings included a positive bilateral straight leg raising test, motor strength weakness in the extensor hallucis longus and tibialis anterior muscle groups rated at a 4/5 bilaterally with decreased sensation in the posterior aspect of the calf. Diagnoses included a grade 1 spondylolisthesis at the L5-S1, cervical spine musculoligamentous sprain/strain, and right L4-5 and bilateral L5-S1 foraminal narrowing with disc bulging. At the time of evaluation, the treatment plan included acupuncture, a urine drug screen and refill of medications to include topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDROX PATCHES, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 105.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does recommend the use of menthol and methyl salicylate in the management of osteoarthritic pain. However, the topical use of capsaicin is not recommended by the California MTUS guidelines unless all first-line chronic pain management treatments have failed to provide symptom resolution. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to first-line medications, to include antidepressants and anticonvulsants. Therefore, the use of topical capsaicin is not supported. Additionally, the MTUS states that any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. Furthermore, the request as it is submitted does not provide a frequency or dosage. The request for compound Medrox patches #30 is not medically necessary and appropriate.