

Case Number:	CM14-0042639		
Date Assigned:	07/02/2014	Date of Injury:	05/11/2012
Decision Date:	08/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 42 year-old injured worker who sustained an injury on 5/11/12 while employed by [REDACTED]. Request under consideration include Medrox patch. Report of 3/10/14 from the provider noted patient with chronic low back pain radiating into bilateral lower extremities with associated tingling and weakness. The patient is also treated with a psychiatrist for depression and anxiety with medications of Prozac, Centra PM, Gabadone, and Theramine. The patient scheduled to undergo repeat lumbar epidural steroid injection for unchanged chronic symptoms. Brief exam findings only recorded spasm and tenderness of the lower lumbar spine noted with decreased range of motion (no degree or direction specified). Diagnoses include lumbar pain with radiculopathy; Depression/anxiety. Current medications list Anaprox, Prilosec, Ultram, Topical creams Baclofen, Medrox, and Elavil. Treatment plan included LESI and medication refills. The request for Medrox patch was non-certified on 3/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Largely experimental in use with few randomized controlled trials to determine efficacy or safety Page(s): 111-113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox patches over 0.025% has not been shown to be more efficacious. Therefore, the request for Medrox patch is not medically necessary and appropriate.