

Case Number:	CM14-0134304		
Date Assigned:	08/25/2014	Date of Injury:	03/20/2006
Decision Date:	01/28/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida and 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 patient is 40 a year old who was injured on 3/20/2006. The diagnoses are lumbar radiculopathy, lumbar disc disorder, status post lumbar fusion and low back pain. The 2012 MRI of the lumbar spine showed pedicle screws at L4-L5 and post-surgical changes at L5-S1. The 2009 EMG/NCV of the lower extremities showed left S1 radiculopathy. [REDACTED] noted subjective complaint of low back pain radiating down the lower extremities associated with numbness and tingling sensation. There are objective findings of decreased range of motion of the lumbar spine, positive straight leg raising test, tenderness of the lumbar paraspinal muscle spasm and decreased sensation of L5 dermatomes. The medications listed are cyclobenzaprine, omeprazole, tramadol, hydrocodone and Medrox ointment. A Utilization Review determination was rendered on 7/14/2014 recommending non certification for Medrox Pain Relief ointment #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsants and antidepressant medications have failed. The records did not show that the patient was diagnosed with localized neuropathic pain. The patient did not fail treatment with the first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The Medrox product contains capsaicin 0.0375% / methyl salicylate 20% / menthol 5%. There is lack of guidelines or FDA support for the use of menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Medrox Pain Relief Ointment #120.