

Case Number:	CM14-0207733		
Date Assigned:	12/19/2014	Date of Injury:	03/19/2010
Decision Date:	02/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 injured worker is a 36-year-old male who reported an injury on 03/19/2010. The mechanism of injury was not provided. The clinical note is handwritten and hard to decipher. The diagnoses included left lower extremity radiculitis. Past treatments, diagnostic studies, and surgical history were not provided. On 11/18/2014, the injured worker was seen for low back pain. Upon exam, there was increased low back pain. There was a positive Kemp's sign, decreased range of motion in all planes, and tenderness to palpation at the facets. Medications were not provided. The treatment plan included followup in 6 weeks and refill medications. A rationale was not provided. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Lotion 120 ML: 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 Analgesics Page(s): 111-113.

Decision rationale: The request for Medrox lotion 120 mL is not medically necessary. The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or

drug class) that is not recommended, is not recommended. Medrox contains capsaicin, menthol, and methyl salicylate. Capsaicin is recommended as an option for patients who have not responded to or are intolerant of other treatments. There was a lack of documentation that the injured worker is intolerant of other treatments. The request is not supported. As such, the request is not medically necessary.