

<b>Case Number:</b>	CM15-0004126		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old female who reported an injury on 11/15/2011. The mechanism of injury was not specifically stated. The current diagnoses include lumbar disc protrusion, lumbar facet arthropathy, probable sacroiliac dysfunction, and probable left greater than right piriformis syndrome. The injured worker presented on 12/04/2014 with complaints of persistent low back pain radiating into the left lower extremity. The current medication regimen includes Medrol Dosepak, Flexeril, Anaprox, Protonix, Neurontin, and Medrox patch. The injured worker reported a failure of physical therapy on 4 separate occasions for the low back and buttock pain. Upon examination, there was mild limitation of range of motion of the low back with flexion to 80 degrees, extension to 10 degrees, tenderness to palpation in the left greater than right lumbar paraspinals and gluteal muscles, sciatic notch tenderness, thoracic paraspinal tenderness, 5/5 strength in the bilateral lower extremities, negative straight leg raise, 1+ patellar and Achilles reflexes, positive faber test bilaterally, and positive piriformis stretch test. Recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Patches QD, PRN:** 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 Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The injured worker has continuously utilized the above medication since 03/2014 without any evidence of objective functional improvement. The injured worker continues to report persistent pain. Given the above, the request is not medically appropriate.