

Case Number:	CM15-0148230		
Date Assigned:	08/11/2015	Date of Injury:	02/02/2006
Decision Date:	09/11/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 02-02- 2006. Mechanism of injury occurred when was lifting a 220-pound machine with assistance and injured his trunk and back. Diagnoses include L1-2 new disc since surgery, L2-3 disc with discectomy, 2010 fusion of L2 through L4, L3 on L4 spondylolisthesis and spinal spondylosis, chronic low back pain, sciatica in both lower limbs, saddle sensory changes-bladder dysfunction, dysfunction of the bowels, dysfunction of the sexual response and lower extremity motor and sensor loss in one or both extremities. Treatment to date has included diagnostic studies, medications, surgery, support braces for foot drop, physical therapy, chiropractic sessions, acupuncture, back manipulation, use of a cane, and status post laminectomy with fusion in 2010. A physician progress note dated 06-27-2013 documents the injured worker has some numbness in the front of his thighs, left and right and over the L5-S1 dermatomes, and there is numbness present below T11-12 on the abdomen. Both knee jerks an ankle jerks are absent. Straight leg raising was done in supine, the right only 15 degrees, and the left only 20 degrees. In sitting right leg 20 degrees, but left only to 25 degrees. There is left foot drop. Lumbar range of motion is restricted. Treatment requested is for Retrospective Medrox Patches (DOS 09/16/2013) Qty: 30.00. The medication list includes Norco, Percocet, Medrox, Protonix, Anaprox, Effexor and Flexeril. The patient had used Topamax, Neurontin and Lyrica in past. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The patient's surgical history include lumbar fusion in 2010. Per the note dated 7/23/15, the patient had complaints of low back pain with bilateral leg weakness. Physical examination of the lumbar spine revealed antalgic gait, limited range of motion and 3/5 strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Medrox Patches (DOS 09/16/2013) Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Medrox contains methyl salicylate, menthol, capsaicin ointment. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments."The records provided did not specify that trials of antidepressants have failed. Intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, and Chronic pain treatment guidelines. Topical Capsaicin is not recommended in this patient for this diagnosis. The request for Retrospective Medrox Patches (DOS 09/16/2013) Qty: 30.00 is not medically necessary for this patient.