

Case Number:	CM15-0185462		
Date Assigned:	09/25/2015	Date of Injury:	04/03/2011
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 50 year old male, who sustained an industrial injury on April 3, 2011. Medical records indicate that the injured worker is undergoing treatment for lumbar discopathy with radiculopathy, seroma, headaches and status-post lumbar discectomy and fusion. The injured worker was noted to be temporarily totally disabled. On (9-1-15) the injured worker complained of ongoing back pain that radiated to the lower extremities with associated numbness and tingling. The pain was aggravated by activity. Objective findings were not noted. On (8-4-15) objective findings noted a severe increase in back pain which radiated down the lower extremities. The injured worker had some weakness with resistance to dorsiflexion bilaterally and walked with and antalgic gait. The injured worker was also noted to have a fever and chills. Treatment and evaluation to date has included medications, computed tomography guided fine needle aspiration of the lumbar spine, MRI of the lumbar spine (3-6-15), electrodiagnostic studies of the lower extremities and a lumbar fusion. Current medications include Fentanyl. The injured worker was noted to not be taking the Fentanyl. The request for authorization dated 9-4- 15 included a request for Medrox patches # 30. The Utilization Review documentation dated 9- 11-15 non-certified the request for Medrox patches # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line analgesic medications. Furthermore the concentration of capsaicin cream .375%, that is in the requested medication, is not recommended by the MTUS. The continued use is not medically necessary.