

Case Number:	CM15-0038543		
Date Assigned:	03/23/2015	Date of Injury:	06/02/2003
Decision Date:	05/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 61 year old female, who sustained an industrial injury on June 2, 2003. She has reported slip and fall from a ladder. The diagnoses have included lumbar radiculopathy, rheumatoid arthritis, status post L2 compression fracture and lumbago. Treatment to date has included electromyogram of lower extremities and pain medications. Currently, the injured worker complains of low back pain more on the right than left leg radiation and neck pain. In a progress note dated January 9, 2015, the treating provider reports examination revealed bilateral tenderness and spasms of the L3-5 paraspinal muscles, examination of the lumbar spine shows decreased range of motion, and decreased range of motion of the cervical spine and pain with palpation of right SI notch and positive SI compression test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient has date of injury of 06/02/2013 and presents with low back pain that radiates into the left leg. The request for authorization is dated 01/14/2015. The current request is for Medrox ointment. The MTUS Guidelines page 111 has the following regarding topical creams, Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS further states, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox ointment contains 0.075% of capsaicin, menthol salicylate 20%, and menthol 7%. MTUS Guidelines allows topical NSAID for peripheral joint arthritis and tendinitis in particular of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient does not meet the indication for the use of a topical NSAID, as he presents with chronic low back pain. In this case, the methyl salicylate is not indicated, rendering the entire compounded topical cream invalid. The requested Medrox ointment IS NOT medically necessary.

Lidocaine patches, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112.

Decision rationale: This patient has a date of injury of 06/02/2013 and presents with complaints of low back pain that radiates into the left knee. The request for authorization is dated 01/14/2015. The current request is for lidocaine patches, 30 count. The MTUS Guidelines page 57 states, Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of first-line therapy tricyclic or SNRI, antidepressants, or AED such as gabapentin or Lyrica. The MTUS Guidelines page 112 also states, recommended for localized peripheral pain. Per progress report dated 12/12/2014, the patient has been instructed to use lidocaine patches at night and the Medrox ointment in the morning. In this case, the patient has been utilizing these patches with no documentation of how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function while the medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be supported. The requested lidocaine patches ARE NOT medically necessary.