

Case Number:	CM15-0087542		
Date Assigned:	05/11/2015	Date of Injury:	12/30/1993
Decision Date:	06/12/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/06/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56 year old female, who sustained an industrial injury on 12/30/1993. She has reported subsequent neck, shoulder and upper extremity pain and was diagnosed with C4-C5 and C5-C6 disc bulge and left ulnar mononeuropathy at the elbow. Treatment to date has included oral and topical pain medication. In a progress note dated 03/24/2015, the injured worker complained of continued severe pain in the upper trapezius and bilateral interscapular borders. Objective findings were notable for pain with range of motion of the cervical spine and tenderness to palpation over the bilateral facets at C5-C6, C6-C7 and bilateral infrascapular border. A request for authorization of refill of Medrox patches was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective use of Medrox patches (DOS: 3/24/15): 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 patient is a 56 year old female with an injury on 12/30/1993. She has chronic neck, shoulder and upper extremity pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol 5% which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.