

Case Number:	CM14-0146012		
Date Assigned:	09/12/2014	Date of Injury:	04/29/2008
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old male who was injured on 04/29/2008. The mechanism of injury is unknown. Prior medication history included Neurontin, Protonix, Anaprox, Methadone and Terocin. Progress report dated 08/21/2014 indicates the patient had significant flare up of his right greater than left low back pain with a pain rating of 6-7/10. The pain radiates into his bilateral buttock and thigh. Objective findings on exam revealed mild loss of lordosis and range of motion is limited to 60 degrees of flexion, 10 degrees of extension; 10 of right and left bending. He is tender to palpation in his bilateral L5-S1 paraspinal space. Straight leg raise on the left produces low back pain. The patient is diagnosed with L5-S1 disc bulge with associated left L5 radicular pain improved after epidural steroid injection in 01/2014; chronic opioid use; and depression. Prior utilization review dated 08/22/2014 states the request for Medrox patch, quantity: 6 boxes are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch, quantity: 6 boxes: Overturned

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 above MTUS guidelines regarding topical Capsaicin states "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain." Regarding salicylate topical it states "Recommended. Topical Salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain." In this case, Medrox patch was requested. Medrox patch comprises of Methyl Salicylate, Menthol, and Capsaicin. Note from 8/21/14 reports diagnosis as L5-S1 disc bulge with associated left L5 radicular pain. As above the methyl salicylate has been indicated for chronic pain. As above, the capsaicin has been indicated for chronic back pain in patients who have not responded adequately to other treatments. Note from 8/21/14 states the patient has tried epidurals, Methadone, Anaprox, and home exercise program. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.