

Case Number:	CM14-0061193		
Date Assigned:	07/09/2014	Date of Injury:	11/24/2003
Decision Date:	05/14/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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. 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:

This is a 50 year old female patient, who sustained an industrial injury on 11/24/2003. The diagnoses include sciatica due to displacement of lumbar disc, chronic pain syndrome, lateral epicondylitis, and major depressive disorder. Per the doctor's note dated 4/1/2014, she had complains of increased/worsening low back pain. The physical examination revealed decreased lumbar range of motion and 5/5 strength; decreased sensation in lateral left calf. The medications list includes lidocaine ointment and medrox ointment. Treatment to date has included conservative care, medications, psychiatric evaluation/therapy, and spinal cord stimulator placement. The treatment plan consisted of medications (including Medrox ointment and topical lidocaine), lumbar corset, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Ointment #1, with 3 refills: Upheld

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

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

Decision rationale: Request: Medrox Ointment #1, with 3 refills. Medrox is a topical analgesic consisting of Methyl salicylate, Menthol, Capsaicin. 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." Per the cited guidelines, "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 and anticonvulsants have failed. Intolerance or lack of response to oral medications was not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Medrox Ointment #1, with 3 refills is not fully established for his patient at that juncture.

Lumbar Corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Work relatedness Page 298.

Decision rationale: Request: Lumbar Corset. Per the ACOEM guidelines "There is no evidence for the effectiveness of lumbar supports." Therefore cited guidelines do not recommend lumbar support for low back pain. Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability is not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. Intolerance or lack of response to oral medications was not specified. The medical necessity of lumbar corset is not fully established for this patient.