

Case Number:	CM15-0069015		
Date Assigned:	04/21/2015	Date of Injury:	09/17/2007
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/13/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old female, who sustained an industrial injury on September 17, 2007. The injured worker was diagnosed as having L5-S1 unstable spondylolisthesis with severe disc disease, annular tear, disc herniation, and narrowing of the lateral recess, moderate to severe bilateral foraminal stenosis and subsequent radiculopathy, lumbar facet syndrome, status post anterior cervical discectomy and fusion (ACDF), reactive depression, non-occupational diabetes and irritable bowel syndrome, increased liver function tests and kidney disease, and hypertension and hypothyroidism. Treatment to date has included cervical fusion, epidural steroid injection (ESI), and medication. Currently, the injured worker complains of worsening low back and bilateral lower extremity pain. The Treating Physician's report dated March 12, 2015, noted the injured worker received an epidural steroid injection (ESI) on September 9, 2014, with excellent relief since then with minimal use of medications. The injured worker's medications were listed as Ambien, Elavil, Cyclobenzaprine, Pantoprazole, Terocin patches, Tramadol, and Gabapentin. The injured worker was noted to have decreased sensation in the bilateral lateral thighs and calves in the L5 distribution, and positive bilateral straight leg raise. A PHQ-9 score of 11/27 was noted to indicate mild depression. The treatment plan included a request for authorization for a repeat bilateral L5 transforaminal epidural steroid injection (ESI), continued current medications, Terocin patches dispensed, cognitive behavioral therapy, and Protonix dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pad 0.0375-5, Day Supply: 30, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 111-112.

Decision rationale: Medrox is a combination of menthol, capsaicin and methyl salicylate. This worker has chronic pain with an injury sustained in 2007. The medical course has included the use of several medications including gabapentin and muscle relaxants. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visits fail to document any improvement in pain, functional status or a discussion of side effects to justify use of a compounded product. The medical necessity of medrox pad is not supported in the records.