

Case Number:	CM14-0172972		
Date Assigned:	10/23/2014	Date of Injury:	02/27/2012
Decision Date:	11/25/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Medicine and is licensed to practice in Utah. 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 52 year-old male. The patient's date of injury is 2/27/2012. The mechanism of injury was described as a slip and fall when a heavy package fell on him. The patient has been diagnosed with lumbar strain, brachial neuritis and chronic low back pain. The patient's treatments have included injections in the knee, injections in the back and medications. The physical exam findings dated 7/12/2012 states, back R-, L+, Loose R+, L+, and Give out R+, L+. Range of motion is described as 30 degrees in the upper back and 30 degrees in the low back. The squat is L greater than R. Neuro exam is reported as 5/5 and sensory is marked with a 0. The document states quad pain, and tender L medial more than right. The patient's medications have included, but are not limited to, Vicodin. The request is for Medrox. It is unclear if this medication was used previously or what the outcome of this medication is.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch #30 dispensed on 10/17/12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are 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. The MTUS does not specifically address Medrox as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. Therefore, the request for Medrox Patch #30 dispensed on 10/17/12 is not medically necessary and appropriate.