MAXIMUS Federal Services

Case Number:	CM14-0173598		
Date Assigned:	10/24/2014	Date of Injury:	02/26/2004
Decision Date:	11/25/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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 Illinois. 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 injured worker is a 37-year-old male who reported an injury on 02/26/2004. The mechanism of injury was not provided. The diagnoses included L5-S1 disc bulge. Past medical treatment included medications, chiropractic care, physical therapy, and surgery. Diagnostic testing was not provided. The patient has undergone spinal laminectomy in the past. The patient complained of increased thoracic and low back pain without leg pain, numbness, tingling, or weakness. Flexing his neck causes increased thoracic and lumbar pain. The pain was rated 8/10 on 05/28/2014. The physical examination revealed thoracic flexion of 80 degrees causes thoracic and low back pain. Straight leg raise on the right at 30 degrees causes back pain. The L4-5 interspaces are tender. The medications included Norco 10/325 mg, Anaprox 550 mg, and Protonix 20 mg. The treatment plan is for topical Medrox patches dispensed on 08/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medrox patches dispensed on 8/12/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, and Salicylate topical Page(s): 111 , 105.

Decision rationale: The request for Topical medrox patches dispensed on 8/12/2013 is not medically necessary. The patient complained of increased thoracic and low back pain without leg pain, numbness, tingling, or weakness. The Medrox patch contains menthol, capsaicin, and methyl salicylate. The California MTUS guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate is significantly better than placebo in chronic pain. The guidelines recommend the use of capsaicin for patients with osteoarthritis, post herpetic neuralgia, diabetic neuropathy, and post mastectomy pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the injured worker has been intolerant to or has not responded to other treatments. There is a lack of documentation indicating all primary and secondary treatment options have been exhausted. Additionally, the request does not indicate the dosage, frequency, quantity, and the application site. As such, the request for Topical medrox patches dispensed on 8/12/2013 is not medically necessary.