



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41 YO, M with a date of injury on 2/8/12. The patient's diagnoses include: lumbar discopathy. The medical records indicate that the patient complains of persistent pain in the low back. There is recent flare-up of the low back pain with prolonged sitting and driving. Exam findings include: tenderness from the mid to distal lumbar segments, pain with terminal motion, positive seated nerve root test, and dysesthesia at the L5 and S1 dermatomes.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Medrox patch, #30, DOS: 06/26/2013 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111-113, and 127, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The progress report dated 6/11/13, by Dr. [REDACTED] noted that the patient was prescribed medrox pain relief ointment and reported previous use with significant relief of muscle pain and aches, especially in the evenings allowing the patient to relax before sleep. Without documentation of failed trials of anticonvulsants and antidepressants, the requested topical compound is not supported, also Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Medrox has methyl salicylate which is a topical NSAID, and this is not recommended for discopathy, or low back pain. Topical NSAID's are indicated for OA, tendinitis, in particular, that of the knee and elbow or other joints that are amenable to

topical treatment. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, (MTUS pg. 111-113). Recommendation is for denial.

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[REDACTED]

CM13-0008198