

<b>Case Number:</b>	CM13-0001455		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### 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 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 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:

This injured worker's date of injury is 01/10/2005. The patients treating physician is treating him for chronic low back pain with radicular symptoms down his left lower extremity off and on. The patient has had surgery on his lumbar spine, a fusion at L4 through S1. In his note dated 06/12/2013, the treating physician states the patient is taking Norco for pain. On physical exam there was moderate tenderness over the paraspinal muscles and on the facet joints. The exam of the sacroiliac regions was tender. Lateral bending of the lumbar was reduced. Sensation was reduced in the L4 dermatome on the left and on the L5 dermatomes bilaterally. The treating physician has recommended treatment with Medrox patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UNKNOWN PRESCRIPTION OF MEDROX PATCHES BETWEEN 6/7/13 AND 8/20/13:**  
Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, using this higher concentration should be considered experimental in higher doses. Methyl salicylate is an NSAID. The medical literature does not support using topical methyl salicylate for arthritis of the spine, hip, or shoulder, nor is there evidence to use it in treating neuropathic pain. Additionally, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, the claimant receives treatment for chronic low back pain with radiation to the lower extremities. The patient has had a lumbar laminectomy and fusion. He takes Norco (which contains an opioid with acetaminophen) for pain relief. The Medrox patch is a topical analgesic containing capsaicin 0.0375%, menthol 5%, and methyl salicylate 20%. Regarding capsaicin, topical capsaicin 0.025% has been studied for treating the pain of osteoarthritis. There is currently no proven advantage to the higher 0.0375% formulation. Therefore, the request for Medrox patches is not medically necessary and appropriate.