

<b>Case Number:</b>	CM13-0002762		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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. 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 25-year-old female who reported an injury on 06/17/2012. The mechanism of injury was reported that while the patient was attempting to lift a raft for portage, she was bending over the lift the raft, and stated she had a sudden and immediate pain in the mid-back, radiating to the pelvis of such severity that it brought her to tears. The patient was diagnosed with myofascial pain syndrome, lumbar facet arthropathy, lumbar radiculopathy, and cervical facet arthropathy. The progress note dated 06/12/2013 indicates that the patient was in for a follow-up regarding her neck and low back. The patient rated her pain at 6/10 to 8/10 on a pain scale. The patient is using Flexeril as needed for spasms, Norco 5/325 1 to 2 tablets per day as needed for pain, senna for opiate-induced constipation, and topical Medrox patches. The patient noted that the topical patches are very effective in decreasing her pain and increasing her function. The patient also noted that the patches helped because they do not cause nausea. The patient reported she continued to have constipation and nausea. The patient stated she was interested in starting acupuncture. The objective findings revealed the cervical spine had minimal decreased range of motion. Positive for spasms noted on the right trapezius, and tenderness to palpation in the paraspinal musculature. The patient had a negative Spurling's test. Sensation was also intact in the upper extremities. Lumbar spine objective findings revealed decreased range of motion in extension. Positive spasms noted on the left side, tenderness to palpation in the paraspinal musculature on the left worse than right. There was decreased sensation in the left L4 and L5 dermatomes. Positive straight leg raise on the left at 60 degrees. The progress note also stated the patient had an EMG on 03/06/2013 that showed normal to the upper and lower limbs. An MRI of the cervical spine dated 12/26/2012 showed C5-6 vertebral body spurri

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patches with 2 boxes:** Upheld

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

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

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that Lidoderm in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica. No other commercially-approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of compound agents requires knowledge of the specific analgesic effect on each agent and how it will be useful for the specific therapeutic goal required. The patient continued to complain of pain to the neck and low back. The patient rated the pain at 6-8/10 on a pain scale. However, Medrox (menthol, capsaicin) is a compound topical analgesic that is not recommended by the guidelines. Also, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review does not indicate that the patient has been intolerant to other treatments. Given the lack of documentation to support guideline criteria, the request is non-certified.