

<b>Case Number:</b>	CM13-0005004		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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 Physical Medicine & 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 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 reported a date of injury of 02/24/2012. The listed diagnoses per [REDACTED] dated 06/17/2013 are: 1. Status post right L5-S1 lumbar microdiscectomy, 2012 2. Lumbar discopathy According to progress report dated 06/17/2013 by [REDACTED], the patient presents with continued symptomatology in the lumbar spine. He takes Naproxen, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol, and Medrox ointment. The patient states that Naproxen upsets his stomach; but offers him temporary relief allowing him to perform his ADLs. Objective findings show there is tenderness in the mid to distal lumbar segments. There is paravertebral muscle spasm. Standing flexion and extension are guarded and restricted. A well-healed incision is noted in the distal lumbar spine, consistent with the previous decompression. Physician is requesting Medrox patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDROX PATCH, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM and the Official Disability Guidelines (ODG).

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

**Decision rationale:** This patient presents with chronic back pain. The physician is requesting Medrox patch for pain relief. Utilization review dated 07/15/2013, denied the request stating that there is no evidence or studies supporting the use of topical compounded creams for any diagnosis intended over a singular capsaicin. MTUS page 111 to 113 states for topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states that for Capsaicin "there have been no studies of a 0.0375% formulation of capsaicin and that there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Medrox patch is a compounded topical analgesic containing menthol 5%, capsaicin 0.0375%, and Methyl Salicylate, an NSAID. In this case, the capsaicin is not recommended above 0.025% concentration and topical Salicylate is recommended only for peripheral joint arthritis/tendinitis. This patient does not present with peripheral joint pain, but suffers from chronic back pain with radiculopathy. Recommendation is for denial.