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| <b>Case Number:</b>   | CM13-0010274 |                              |            |
| <b>Date Assigned:</b> | 09/23/2013   | <b>Date of Injury:</b>       | 07/16/2012 |
| <b>Decision Date:</b> | 01/29/2014   | <b>UR Denial Date:</b>       | 08/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2013 |

### 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 Addiction Medicine, has a subspecialty in Pediatrics and is licensed to practice in New York. 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:

46 year old patient with date of injury on 7/6/12 and 8/3/12. Patient has neck pain, bilateral upper extremity pain and low back pain. Patient had procedures such as peroneal nerve release and physical therapy and epidural steroid injections. The medication in dispute is 1. Medrol topical

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Patch #30 for DOS 7/17/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-117.

**Decision rationale:** The Physician Reviewer's decision rationale: Not medically necessary. Medrox is topical combination of methyl salicylate, capsaicin, and menthol. Medrox has some benefit, as reported, in literature in treating pain from osteoarthritis. The patient does not have any documentation of osteoarthritis. Also patient has been prescribed Medrox in the past. There is no documentation of previous response (percentage decrease in pain and duration of pain reduction) this information is crucial in determining medical necessity