

<b>Case Number:</b>	CM13-0014242		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 and Rehabilitation, 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. 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 55-year-old male who sustained a work-related injury from 1996 through 10/03/2008. The clinical information documents subjective reports of low back pain with radiation into the bilateral lower extremities and shoulder pain. Objective findings revealed tenderness to palpation, muscle spasms, decreased range of motion, and positive straight leg raise bilaterally in the lumbar spine. Bilateral wrist grip strength and sensation were decreased. The patient's diagnoses included failed back syndrome, left wrist ganglion cyst, and bilateral ulnar neuropathy. Treatment plan included continuation of medications, addition of capsaicin, request for authorization for chiropractic care, and a request for authorization for a motorized scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Medrox Ointment, dispensed on 10/25/12 for application twice daily to lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Salicylate topicals, Topical Analgesics Page.

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

**Decision rationale:** The California MTUS Guidelines state that topical ointments are largely experimental and have not been shown in properly randomized controlled clinical trials to be effective. Additionally, the use of capsaicin is only recommended in patients who have not responded to or are intolerant of other treatments. The clinical information submitted for review lacks evidence to support the use of capsaicin, as the patient is noted to have been prescribed opioids for pain management. Furthermore, the clinical documentation provided indicates the patient was prescribed a topical analgesic on different occasions, but there is no objective documentation of medication efficacy or functional improvement. As such, the retrospective review from 10/25/2012 for Medrox ointment apply twice daily to lumbar spine (duration unknown) is non-certified.