

<b>Case Number:</b>	CM13-0016531		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Utah. 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 is a 29 year old female. The patient has been diagnosed with low back pain with radiation to the lower legs, with numbness and tingling. The patient's treatments have included previous injections and physical therapy. The physical exam findings show tenderness of the para-spinal muscles of the lumbar back. Seated nerve root test was positive. Medications include, but are not limited to, Naproxen, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCH NDC#4581-0014-05 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss compounding medications. The Guidelines state that a compounded medicine that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The Guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines does not specifically address

Medrox Patches as a topical analgesic. Therefore, according to the Guidelines cited, it cannot be recommended at this time. The request for Medrox is not medically necessary and appropriate.