

<b>Case Number:</b>	CM13-0017159		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Orthopedic Surgery 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:

This is a 39-year-old gentleman injured 04/10/12. Clinical records for review include a recent report of 06/19/13 when the patient was seen by the requesting physician for chief complaints of follow-up for low back pain with radiating pain to the left lower extremity and feet. He stated that he recently underwent a gout attack to the feet. He denies side effects from recent medication use including Elavil, topical compound cream and Mobic. Physical examination showed restricted range of motion of the lumbar spine with weakness in the left quadriceps and hamstring as well as extensor hallucis longus at 4+-5- out of 5. Diagnosis was that of multiple herniated discs most significant at L5-S1 as well as multiple cervical herniated discs with lumbar and cervical radiculopathy. Recommendations at that time were for continuation of medication in the form of Mobic, Medrox patches and Elavil. A trial of Norflex was also prescribed. Referral to a pain psychologist for consultation was also noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Patches (methyl salicylate, menthol and capsaicin patch), x 2 boxes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Topical Analgesics, Capsaicin, Salicylate topicals, an.

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

**Decision rationale:** Based on California MTUS Guidelines, the topical compounding agent Medrox would not be indicated. This is known to be a combination of Methyl Salicylate, Menthol and Capsaicin. Guidelines state that topical analgesics they are largely experimental and used with few randomized clinical trials to demonstrate efficacy and safety. Particularly, in the requested topical agent, the role of capsaicin is only recommended in patients who have not responded to or are intolerant of other forms of first-line therapy. Records in this case do not indicate intolerance to first-line forms of therapeutic agents.