

<b>Case Number:</b>	CM13-0020095		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, 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 35 year old female who reported an injury on 10/10/2010. The patient was carrying a pressure washer on a wet floor when she slipped and landed on her buttocks and back. The patient complained of pain to her low back more in the right lower back around the buttock. The patient stated she was unable to take oral medication due to severe upset stomach, which included vomiting. The patient was diagnosed with lumbar radiculopathy, myofascial pain syndrome of the neck and shoulders and lumbar disc displacement without myelopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Diclofenac Sodium ER 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS Page(s): 71.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend Diclofenac as a first-line treatment. The use of Diclofenac for osteoarthritis is recommended at a maximum of 150 mg a day. The clinical documentation submitted for review dated 10/21/2013 states

Diclofenac Sodium ER 100 mg was being discontinued due to patient's intolerance to the medication and Flector patch 1.3% was being recommended. Therefore, Diclofenac Sodium ER is unwarranted at this time as it had been discontinued by the physician due to intolerance. The request for 1 prescription of Diclofenac Sodium ER 100mg #60 is not medically necessary and appropriate.

**1 Prescription of Medrox Cream 0.0375-20-5% #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS Page(s): 105. 111-112.

**Decision rationale:** Medrox is a compound cream that contains methyl salicylate, menthol, and capsaicin 0.0375%. The MTUS Chronic Pain Guidelines recommend topical salicylate as it is significantly better than placebo in treating chronic pain. MTUS Chronic Pain Guidelines state Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments; however, there have been no studies of a 0.0375% formulation of capsaicin. The MTUS Chronic Pain Guidelines further state any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Also, the request did not specify where the compounded cream was to be applied or the frequency. Given the above, the request for 1 Prescription of Medrox Cream 0.0375-20-5% #120 is not medically necessary and appropriate.