

<b>Case Number:</b>	CM13-0020671		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/05/2009
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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 48-year-old female who reported a work-related injury on 1/7/09. The mechanism of injury was continuous trauma. The patient was noted to be dispensed Medrox for pain. The patient's diagnosis was lumbar discopathy with radiculopathy. The documentation from 6/18/13 revealed that the patient had intermittent pain in the back. It was rated at a 6/10 with radiation into to the left lower extremity and associated tingling and numbness. The request was made for Medrox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 MEDROX PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111. Decision based on Non-MTUS Citation Medrox Online Package Insert.

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. According to the Medrox package insert, Medrox is a topical analgesic containing menthol 5% and 0.0375% capsaicin. It is indicated for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. According to the MTUS, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Furthermore, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally, it indicates that topical salicylates are approved for chronic pain. The clinical documentation submitted for review failed to indicate the patient had trialed and failed antidepressants and anticonvulsants, and had not responded, or was intolerant to, other treatments. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request is noncertified.