

<b>Case Number:</b>	CM13-0021400		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 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 fifty six year old female who reported an injury on 10/13/2011. The patient is currently diagnosed with chronic low back pain, degenerative disc disease, multi-level disc herniation with anterolisthesis, pars defect, and radiculopathy of the right lower extremity. The patient was recently seen by [REDACTED] on 09/12/2013. The patient was status post epidural steroid injection, which provided substantial relief of symptoms for approximately 2 weeks. Physical examination revealed tenderness in the paralumbar musculature, positive muscle spasming in the paralumbar musculature, 5/5 motor strength in bilateral lower extremities, 2+ deep tendon reflexes, painful range of motion, and diminished sensation to the lateral aspect of the right thigh and right leg including the L4 and L5 nerve dermatomes. Treatment recommendations included a second lumbar epidural steroid injection and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Medrox contains capsaicin, methyl salicylate, and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, and is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. There is no evidence of a failure to respond to previous oral medication prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. As such, the request for retrospective Medrox patch 6/17/2013 for back pain is non-certified.