

<b>Case Number:</b>	CM13-0023883		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	05/24/2007
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 51-year-old female who reported an injury on 05/24/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 08/05/2013 indicated diagnoses of multilevel degenerative disc disease with retrolisthesis at L2-3 and L4-5, grade I anterolisthesis at L3-4 and L5-S1; canal stenosis at L3-4 moderate with L2-3 moderate right and L3-4 moderate bilateral neural foraminal narrowing; lumbar radiculopathy; status post arthroscopic left knee medial meniscectomy; right knee chondromalacia patella and obesity. The injured worker reported low back pain and bilateral knee pain which she rated 6/10 to 8/10. The injured worker reported persistent pain in the knees with prolonged walking and standing. She also reported left lower extremity numbness and tingling to her foot. The injured worker reported past aqua therapy helped decrease her pain significantly and increase her activity level. The injured worker reported medications help decrease her pain and allow her to function. On physical exam, the injured worker's gait was slow and antalgic. There was tenderness to palpation of the lumbar paraspinals. The range of motion of the lumbar spine was decreased in all planes. There was decreased sensation in the left L3 dermatome. The injured worker had decreased range of motion of the bilateral knees. There was tenderness to palpation of the medial joint line and a positive patellofemoral crepitus. The unofficial MRI of the lumbar spine dated 05/31/2011, revealed multilevel degenerative disc disease with retrolisthesis at L3-4, L4-5, and grade I anterolisthesis at L3-4 and L5-S1; canal stenosis includes L2-3 mild, L3-4 moderate, and L4-5 mild canal stenosis. The neural foraminal narrowing includes L2-3 moderate right, L3-4 mild to moderate bilateral, and L4-5 mild right moderate left neural foraminal narrowing. The treatment plan included aquatic therapy 2 times a week for 4 weeks to the lumbar spine for strengthening and conditioning, Orthovisc injections, and a medical panel to evaluate the patient's CBC, renal, and liver function while she is on oral medications. A Request for

authorization dated 08/05/2013 was for 1 Medrox patch box, aqua therapy 2 times a week for 4 weeks to the lumbar spine, Orthovisc injections, a medical panel, medications, and follow-up in 3 months, however, a rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **#1 MEDROX PATCHES (5 PATCHES) x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

**Decision rationale:** The request for #1 Medrox patches (5 patches) is non-certified. Medrox contains (Methyl Salicylate, Menthol, and Capsaicin 20/5/0.0375%). The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. 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. There is lack of evidence in the documentation to indicate the injured worker is not responded or intolerant to other treatments. In addition, there is lack of evidence of post-herpetic neuralgia, diabetic neuropathy or post-mastectomy pain in the documents. Moreover, capsaicin is generally available as a 0.025% formulation; the amount of capsaicin 0.0375% in Medrox is excessive and exceeds the guidelines recommendations. Furthermore, the request did not provide a dosage or frequency for the medication. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for #1 Medrox patches (5 patches) is not medically necessary.