

<b>Case Number:</b>	CM13-0025467		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Family Practice, has a subspecialty in ABPM, 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 female claimant sustained an injury on 2/15/13, which resulted in back, knee and shoulder pain. She has received chiropractic and physical therapy, and uses Naprosyn for pain, along with Tizanidine for muscle relaxation. A progress note on 8/8/13 noted lumbar spine tenderness and a lumbosacral strain. A plan to start Medrox was ordered to relieve symptoms of her strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The prescription for Medrox patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Medrox contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%; compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsaicin than is medically necessary. As per the guidelines, any compounded medication that

contains a medication that is not indicated individually is not indicated as a compounded whole.  
Therefore Medrox is not medically necessary.