

<b>Case Number:</b>	CM13-0030760		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Family Practice, has a subspecialty in Nutrition and Lifestyle and is licensed to practice in New Jersey. 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 worker is a 38-year-old female, who on 10/24/11 injured her neck and back, later complained to the treating physician of headache, neck pain and low back pain. She was diagnosed with cervical and lumbar discopathy, with sprain/strain and radiculopathy, right knee chondromalacia patella, and left knee degenerative joint disease. She now experiences chronic pain in the upper back and neck as well as low back pain and bilateral knee pain. Over the course of her chronic pain, the worker was treated with physical therapy, chiropractic treatments, intramuscular injections, Synvisc injections, oral medications including Norflex (muscle relaxant), Anaprox, Prilosec, and home exercises. On 12/12/11, she was seen by an orthopedic physician, who prescribed Medrox compounded pain relief ointment along with naproxen, tizanidine, ondansetron, omeprazole all in the same appointment. On that same date it was noted that she was allergic to aspirin and recommended she work full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR TWO (2) MEDROX PAIN RELIEF OINTMENT 120GM QTY: 240.00, DATE OF SERVICE: 12/12/11: Upheld**

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that topical analgesics may be an option, and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many compounded agents have little or no research to support their use, and the use of these compounded agents required knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required in the form of functional improvement, which should be documented. The guidelines also indicate that capsaicin as a topical agent, may be recommended only as an option in patients who have not responded or are intolerant to other treatments. Non-steroidal anti-inflammatory drugs (NSAIDs) used topically do not have sufficient long-term evidence for their effectiveness or safety and are not recommended for neuropathic pain. In the case of this worker, the use of Medrox ointment may be in fact contraindicated in this particular person if she in fact is truly allergic to aspirin as both aspirin and methyl salicylate (found in Medrox) are both salicylates. Besides this potential risk, the worker's treating physician prescribed multiple drugs at the same time without separating out and using the first-line medications with documentation of effectiveness in terms of function improvement. Other medications such as anti-convulsants or antidepressants were not attempted, at least as far as the notes suggested. Therefore, without documentation to clarify the potential allergy risk, the justification of topical agents over first-line therapies alone, as well as documentation of functional goals or improvement, the request is not medically necessary.