

<b>Case Number:</b>	CM13-0031975		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/18/2001
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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, 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.

### 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 61-year-old female who reported injury on 01/18/2001. The mechanism of injury was not provided. The patient indicated the right knee pain was worse and worse and the patient was noted to have a migraine. The patient was noted to have pain and instability in the right knee due to right medial meniscus. The patient's diagnoses were noted to include right knee pain, chronic pain syndrome, myofascial syndrome, and neuropathic pain along with lumbar radiculopathy. A request was made for 1 urine drug screen and 1 prescription of Medrox patches #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Opiates, steps to avoid misuse/addiction)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, On-going Management Page(s): 43, 78.

**Decision rationale:** California MTUS recommends drug screens to assess for the use of or presence of illegal drugs and for ongoing management, there should be documentation of risk screening for patients with issues of abuse, addiction or poor pain control prior to use of Final Determination Letter for IMR Case Number CM13-0031975 3 the urine drug screen. The patient was noted to have appropriate drug screens that were consistent for medications prescribed on

04/02/2012, 05/29/2012, and 10/19/2012. The clinical documentation submitted for review failed to indicate the patient had a risk screening for issues of abuse or addiction. The clinical documentation submitted for review failed to provide exceptional factors to warrant the necessity for a repeat urine drug screen as the patient was noted to be consistent with prior urine drug screens given the above, the request for 1 urine drug screen is not medically necessary.

**One (1) prescription of Medrox patches, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates, Capsaicin, Medrox Package Insert Online. Page(s): 111,11.

**Decision rationale:** CA MTUS does not specifically address Medrox, however, the CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....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. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary. The clinical documentation submitted for review indicated that the patient had low back pain, right hip pain and right knee pain. It was noted that the patient's right knee pain was getting worse and worse and increasingly it was painful and unstable. The clinical documentation submitted for review failed to provide the efficacy of the medication Medrox and it failed to provide exceptional factors to warrant nonadherence to guideline recommendations against the use of formulations of capsaicin higher than 0.025%. Given the above, the request for one prescription of Medrox patches #120 is not medically necessary.