

<b>Case Number:</b>	CM13-0035940		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Emergency Medicine 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:

Patient with date of injury on 9/6/12. Mechanism described as an inversion injury to R ankle from slip and fall. Patient has a diagnosis of R ankle DJD, Chondromalacia patella, mild DJD of R knee and R hip and R hip bursitis. Medical records from primary treating physician and consultants reviewed. Last report available until 9/25/13. Patient has complaints of R knee, R ankle, and neck, mid and low back pains. Pain radiates from back to knee to ankle and foot. Pain is 4/10. Pain worsens with movement, cold weather and walking. Objective exam reveals bilateral trapezius, mid and low back tenderness. R ankle tenderness with mild swelling. Decreased range of motion(ROM). R knee has chondromalacia patella. ROM of knee is mildly decreased. Pain at joint line. Stability tests are negative. R thigh and R hip has tenderness with decreased ROM. Strength in R quadriceps and hamstrings is decreased at 4/5. MRI R knee(4/11/13) showed lateral patellar subluxation, patellar chondral thinning and small joint space fluid. MRI R ankle(11/16/12) showed bone bruise to posteromedial aspect of talus. Small focus of abnormal signal overlying cortex of posteromedial talar dome which could be a small cortical fracture and old healed tear of anterior talofibular ligament and old tear of anterior tibiofibular ligament. EMG(4/23/13) reportedly normal. X-rays of hip and knees reportedly showed DJD. Reportedly undergoing chiropractic sessions. Home exercise program. There is no medication list provided although patient reportedly had GI upset when taking naproxen. Medrox patches reportedly "improves" pain. Utilization review is for medrox patches box(5 patches) #2(retrospective 7/19/13) Prior UR on 9/11/13 recommended non certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE MEDICATION: MEDROX PATCHES BOX (5 PATCHES) #2 (DOS : 7/19/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** The Physician Reviewer's decision rationale: Medrox is a combination topical medication. It contains capsaicin, methyl-salicylate and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended."1)Methyl-Salicylate: Shown to the superior to placebo. Should not be used long term. May be effective in patient's limb pain. It may be considered.2)Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective as a second line treatment. There is no documentation of any treatment failure using current therapy.3)Menthol: Do data in MTUSAs per MTUS guidelines since topical capsaicin, the combination medication is not recommended.