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| <b>Case Number:</b>   | CM13-0042329 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 10/03/2009 |
| <b>Decision Date:</b> | 04/28/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/30/2013 |

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 patient is a 58-year-old female with date of injury of 11/03/2009. The listed diagnoses per [REDACTED] dated 03/16/2012 are: status post right knee arthroscopic, rule out torn medial meniscus; rule out left knee medial meniscus tear; and bilateral knee effusion and fluid. According to the progress report dated 03/16/2012, the patient complains of continued bilateral knee pain. The physical exam shows there is tenderness to the right knee. There is a full-thickness chondromalacia along the medial femoral with subarticular irregularity. The provider has asked for a retrospective review of Medrox for the left arm and the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR MEDROX DURATION AND FREQUENCY UNKNOWN DISPENSED ON 03/16/13 FOR THE LEFT ARM AND RIGHT KNEE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

**Decision rationale:** This patient presents with chronic bilateral knee pain. The MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least 1 non recommended drug or drug class is not recommended for use. The Guidelines further state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation will provide any further efficacy. Medrox cream is a compounded topical analgesic containing menthol 5%, capsaicin 0.0375%, and methyl salicylate. In this case, the capsaicin is not recommended above 0.025% concentration and topical salicylate is recommended for peripheral joint arthritis/tendinitis, which the patient does not present with. Therefore, the Medrox dispensed on 03/16/2013 was not medically necessary or appropriate.