

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0044969 |                              |            |
| <b>Date Assigned:</b> | 03/31/2014   | <b>Date of Injury:</b>       | 03/08/2012 |
| <b>Decision Date:</b> | 05/02/2014   | <b>UR Denial Date:</b>       | 10/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/31/2013 |

### 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 & 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 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 38 year old male who was injured on 03/08/2012 while he fell off a step on a ladder and landed on a concrete floor on the right side of his low back. His low back pain did increase over the course of the next few weeks. Prior treatment history has included current medications: 1. Oxycodone 2. Tramadol 3. Soma 4. Gabapentin The patient also had acupuncture 2 x 6 weeks and a Medrox patch. Diagnostic studies reviewed include: MRI of the lumbar spine dated 04/12/2012 reveals: Decreased disc height, disc desiccation, with a 5 mm central and slightly left-sided disc extrusion noted at the L4-L5 level. The extruded disc indents the ventral aspect of the thecal sac and encroaches upon the left sided intrathecal nerve roots at this level. ADDENDUM: The 5 mm central and slightly left sided disc protrusion noted in original report was at the L4-L5 level, as described in the impression section, not the L5-S1 level as reported in intervertebral disc section. MRI of the lumbar spine dated 09/11/2012 revealing: 1. There is moderate posterior disc degeneration at L4-5. There is a 4 mm central and left posterolateral disc herniation resulting in moderate to severe left L4-5 lateral recess stenosis with potential for impingement on the traversing left L5 nerve. There is also a 2-3 mm curvilinear annular fissure at the midline posterior L4-L5 disc margin and there is mild to moderate left L4-5 foraminal encroachment. 2. Posterior disc contour is otherwise preserved throughout the lumbar spine without evidence of significant neural impingement or spinal canal stenosis. PR-2 dated 09/05/2012 documented the patient to have complaints of low back pain that radiates into bilateral lower extremities. Having difficulty sleeping and pain increases with prolonged sitting or standing. Objective findings on exam included decreased ROM and strength. There is tenderness and spasticity and decreased sensation and reflexes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCH (RETROSPECTIVE: 9/5/12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate and Topical Analgesics Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed>, MEDROX (menthol, capsaicin, methyl salicylate) patch

**Decision rationale:** According to the references, Medrox patch contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient, as it is documented that he is prescribed oral medications. In addition, the guidelines state 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. The medical necessity of this topical analgesic patch, on retrospective review, is not been established. [REDACTED]