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| <b>Case Number:</b>   | CM13-0046518 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 07/08/2010 |
| <b>Decision Date:</b> | 04/24/2014   | <b>UR Denial Date:</b>       | 10/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2013 |

### 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 Internal Medicine, and is licensed to practice in Florida. 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:

This patient is a 55-year-old with a date of injury of July 8, 2010. A progress report associated with the request for services, dated July 30, 2013, identified subjective complaints of neck, shoulder, and low back pain. Objective findings included tenderness to palpation of the neck, shoulders, elbows, wrists, hands, fingers, low back, and right hip. Diagnoses included cervical and lumbar disc disease; bilateral carpal tunnel syndrome; osteochondritis dessicans of the right radial head; bilateral shoulder impingement; and possible fracture of the capitae of the left wrist. Treatment has included NSAIDs (non-steroidal anti-inflammatory drugs), muscle relaxants, and topical therapy. A Utilization Review determination was rendered on October 25, 2013 recommending non-certification of "Medrox patch # 30".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCHES, 30 COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Section, Salicylate Topicals Section, and Topical Analgesics Section Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics Section and Salicylate Topicals Section.

**Decision rationale:** Medrox has multiple ingredients that include methyl salicylate 20%, capsaicin 0.0375%, and menthol USP 5%. The Chronic Pain Medical Treatment Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Chronic Pain Medical Treatment Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines (ODG) also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. The Guidelines for Chronic Pain state that capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. It is further noted that a 0.025% formulation is available for treatment of osteoarthritis and a 0.075% formulation for neuropathic pain. They state that there have been no studies of the 0.0375% formulation and no current indication that the increase over the 0.025% formulation would provide any further efficacy. The ODG states that neither salicylates nor capsaicin has shown any efficacy in the treatment of osteoarthritis. Chronic Pain Medical Treatment Guidelines do not specifically address menthol as a topical analgesic. However, at-home applications of local heat or cold to the low back are considered optional. The ODG states that Biofreeze (menthol) is recommended as an optional form of cryotherapy for acute pain. Studies on acute low back pain showed significant pain reduction after each week of treatment. There is no recommendation related to the use of menthol for chronic pain. The ODG further states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Medrox patches, 30 coujnt, are not medically necessary or appropriate.