

<b>Case Number:</b>	CM13-0048095		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 46 year old female with an injury date on 10/23/08. Based on the 08/02/13 progress report provided by [REDACTED], the patients diagnosis include grade 1 spondylolisthesis at L5-S1 with bilateral lower extremity radiculopathy and status post bilateral carpal tunnel releases with residuals. The patient "complains of constant low back pain rated as a 6/10." [REDACTED] is requesting for the following: 1) Medrox Patches #30 2) Flurbiprofen 20% gel 120 gm The utilization review determination begin challenged is dated 10/25/13 and recommends denial of both the Medrox Patches and the Flurbiprofen 20% gel. [REDACTED] is the requesting provider and provided treatment reports from 05/03/13-09/08/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF MEDROX PATCHES #30: Upheld**

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

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

**Decision rationale:** According to [REDACTED] 08/02/13 progress report, the patient presents with grade 1 spondylolisthesis at L5-S1 with bilateral lower extremity radiculopathy and status post bilateral carpal tunnel releases with residuals. The request is for Medrox Patches #30. Medrox patch contains salicylate, capsaicin, and lidocaine. MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the component is not recommended, then entire component is not recommended. In this case, Medrox patch contains salicylate, which is a topical Non-Steroidal Anti-Inflammatory Drugs (NSAID). Topical NSAID is indicated for peripheral arthritic and tendinitis pain per MTUS Guidelines. This patient does not present with peripheral joint arthritis or tendinitis but struggles with low back pain. The request is denied.

**PRESCRIPTION OF FLURBIPROFEN 20% GEL 120GM:** Upheld

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

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

**Decision rationale:** According to [REDACTED] 08/02/13 progress report, the patient presents with grade 1 spondylolisthesis at L5-S1 with bilateral lower extremity radiculopathy and status post bilateral carpal tunnel releases with residuals. The request is for Flurbiprofen 20% gel 120 gm. MTUS Guidelines provide clear discussion regarding topical compounded creams. It does not support the use of topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) for axial, spinal pain, but supports it for peripheral joint arthritis and tendinitis. This patient presents with mostly low back pain for which this topical medication is not indicated. The request is denied.