

<b>Case Number:</b>	CM13-0050289		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/03/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain 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 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:

The patient is a 31-year-old male who reported an injury on 8/3/09. The patient is currently diagnosed with cervical spine sprain/strain, lumbar spine sprain/strain, right shoulder sprain/strain, and left knee pain. The patient was seen by [REDACTED] on 5/29/13. The patient reported ongoing musculoskeletal pain in the cervical spine, lumbar spine, right shoulder, and left knee. Physical examination revealed tenderness to palpation. Treatment recommendations included continuation of current medications including a topical cream, Citrucel, Colace, Theramine, Medrox patch, and Sonata.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Medrox patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established; therefore, the request is non-certified.