

<b>Case Number:</b>	CM13-0050699		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Family Practice 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 53-year-old female with a reported date of injury on 09/15/2008; the mechanism of injury was a slip and fall. The patient underwent arthroscopic surgery which then led to a total left knee replacement on 06/12/2013. The patient reported burning and tingling affecting the dorsal aspect of the left foot and lower leg, marked sensitivity to touch in affected areas, weakness of left foot extension, pain and swelling affecting left knee, which gradually improved, and persistent weakness in left knee which occasionally "gave way". Objective findings included left knee valgus deformity. Range of motion was 0 to 120 degrees with pain throughout the arc motion. Compartment was soft. The treating physician discussed benefits of surgery. The patient's diagnoses include left knee palsy and left knee osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX 120GM, 4OZ OINTMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS  
Page(s): 111-112.

**Decision rationale:** The CA MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Methyl salicylate is significantly better than placebo in chronic pain. The request for Medrox 120 g, 4 oz ointment is non-certified. Although the patient reported pain, the medication is largely experimental per guidelines as well as being a compounded product which is not supported by guidelines. Also, there is a lack of documentation provided indicating the patient has experienced improvement as a result of this medication to support continuation. The request as submitted failed to provide the frequency in which this medication was being prescribed for. As such, the request is not medically necessary.