

<b>Case Number:</b>	CM13-0050783		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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, has a subspecialty in Pain Management 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 59-year-old male with date of injury 02/15/2010. Per 09/11/2013, the patient presents with 9/10 left shoulder, right elbow, left elbow, right wrist pains. The report states, "Pain is alleviated by medications." The patient has midback pain with numbness and weakness. Listed diagnoses are: 1). Lumbar disk syndrome, 2).Sciatica 3).Grade 1 spondylolisthesis 4).Bilateral foraminal stenosis multiple levels, 5).Bilateral shoulder sprain/strain 6).Elbow sprain/strain 7).Bilateral wrist sprain/strains. The request is for Medrox patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine,Topical Analgesics,Chapter Chronic Pain Page(s): 111,60-61.

**Decision rationale:** This patient presents with bilateral upper extremity pains, midback, low back pains. The request is for Medrox patch which contains Menthol, Capsaicin 0.0375%, and Methyl Salicylate at 5%. MTUS Guidelines do allow use of Capsaicin for most chronic pain conditions. However, concentration greater than 0.025% is not recommended. Methyl Salicylate,

topical NSAID found in Medrox cream may be indicated for the patient's elbow-wrist tendinitis sprain/strain type of symptoms. However, the treating physician does not explain how this topical patch is used. There is no documentation regarding its efficacy. Page 60 of MTUS Guidelines requires documentation of medication efficacy when used for chronic pain. Given lack of support for 0.0375% concentration of Capsaicin, and lack of documentation regarding efficacy, the request for Medrox Patches are not medically necessary and appropriate.