

<b>Case Number:</b>	CM13-0051387		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/31/2008
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 District of Columbia and Virginia. 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 48 year old man who worked as an equipment operator and sustained injury after slipping and landing on his left hip and wrist. Following this injury on Dec 31 2008, he developed persistent pain. [REDACTED] saw the patient on Nov 7 2012 for left hip sprain and was prescribed Tylenol #3. On Feb 12 2009, while at work, scaffolding collapsed and a piece of wood struck the patient on his right shoulder and head. He underwent physical therapy, chiropractic treatment and acupuncture. He had a cortisone injection to his left hip with little relief. On Sept 12 2013, [REDACTED] noted that the patient had been prescribed Medrox ointment, Omeprazole, and Orphenadrine ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PAIN RELIEF OINTMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111.

**Decision rationale:** In California MTUS section addressing topical analgesics, it is recommended as an option as indicated below. 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\beta$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The role of Capsaicin is still not recommended for the chronic pain. It, being a part of Medrox formulation, is therefore not indicated. Therefore, this is not medically indicated for this patient's condition.