

<b>Case Number:</b>	CM13-0069750		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 & Rehabilitation 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 injured worker is a 55-year-old female who reported an injury on 01/31/2008. The injured worker's treatment history included medications, physical therapy, surgical intervention, injection therapy, and activity modifications. The injured worker's medication included gabapentin 600 mg, Lidoderm 5% patches, Medrox ointment, Duragesic patches 12 mcg per hour, Cymbalta 30 mg, etodolac 400 mg, atorvastatin 10 mg, diazepam 5 mg, hydrochlorothiazide 25 mg and Januvia 25 mg. Physical findings included a mildly antalgic gait with tenderness to palpation to multiple body parts, reduced range of motion in the bilateral lower extremities and a positive straight leg raising test bilaterally. The injured worker's diagnoses included post laminectomy syndrome of the lumbar region, myalgia and myositis cervical disc degeneration, chronic pain syndrome, depressive disorder, lumbosacral spondylosis without myelopathy, sleep disturbances, and long term drug usage. Treatment recommendations included active therapy, continuation of medications, urine drug screen, and manual muscle testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: MEDROX OINTMENT .0375-20-5% METHYL SALICYLATE 20.% MENTHOL 5.% CAPSAICIN .0375% 240 3 REFILLS: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines does support the use of methyl salicylate in the management of osteoarthritic pain; however, the clinical documentation submitted for review does indicate that the injured worker has been using this medication for an extended duration of treatment. There is no documentation of functional benefit or pain relief resulting from the use of this medication. Additionally, the MTUS Chronic Pain Guidelines does not recommend the use of Capsaicin unless there is documentation that the injured worker has failed to respond to all first line chronic pain management treatments. There is no documentation that injured worker has failed to respond to antidepressants or anticonvulsants and would require the use of topical Capsaicin for pain control. Additionally, the requested compound contains Capsaicin in a 0.0375% formulation. The MTUS Chronic Pain Guidelines does not recommend the use of formulations of Capsaicin beyond .0225%. There was no justification provided to exceed the MTUS Chronic Pain Guidelines' recommendations. As such, the request is not medically necessary and appropriate.