MAXIMUS Federal Services

| Case Number: | CM13-0070245 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 10/29/2008 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 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 49 year old male who reported an injury on 10/29/2008 secondary to being hit by a truck. The clinical note dated 12/19/2013 reported the injured worker complained of back pain and right leg pain. The physical examination revealed tenderness to the lower back and right knee. The treatment plan included recommendations for an MRI of the lumbar spine and right knee, an EMG for the bilateral lower extremities, and a prescription for Ultram. The clinical note dated 11/19/2013 reported the injured worker had psychological symptoms that had not been addressed and he was irritable and had anxiety regarding his circumstances. The physical examination of the lumbar spine revealed tenderness to the paraspinal muscles with spasms present and range of motion restricted. The deep tendon reflexes were normal and symmetrical and motor strength and sensation were intact. The physical examination of the right leg revealed a well-healed scar status post skin graft over the right tibial area. The impressions included lumbar radiculopathy, right leg contusion, and skin lacerations status post skin graft, anxiety reaction, hypertension out of control due to orthopedic condition. The treatment plan included recommendations for psychological evaluation, continuation of medications to include Medrox pain relief ointment, Ketoprofen, Omeprazole, Orphenadrine, and Hydrocodone. The Request for Authorization was submitted on 11/19/2013.

## 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental. The MTUS Chronic Pain Guidelines also state there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy and should only be used as an option in injured workers who have not responded or are intolerant to other treatments. As the MTUS Chronic Pain Guidelines do not support this formulation of Capsaicin and there is a lack of documentation to show evidence the injured worker is intolerant to previous medications, has failed other treatments, or has gained relief from the previous use of this medication, this request is not supported. Therefore, the request for Medrox pain relief ointment is not medically necessary and appropriate.