

<b>Case Number:</b>	CM14-0012649		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/15/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 65-year-old female who has submitted a claim for herniated nucleus pulposus at L4-5 and L5-S1 with spondylosis at L5-S1, s/p L1 and L2 transverse process fractures, s/p left shoulder arthroscopic rotator cuff repair, re-exacerbation with residuals, s/p right shoulder rotator cuff debridement, biceps tenotomy with full thickness rotator cuff arthropathy/Milwaukee shoulder, right lower extremity radiculopathy and anxiety, depression and insomnia associated with an industrial injury date of 8/15/2010. Medical records from 2013 were reviewed which revealed persistent low back pain graded 5-6/10 with radiation to the bilateral lower extremities. This was accompanied with numbness. Right shoulder pain was also persistent and graded 7-8/10. Physical examination of the lumbar spine showed tenderness. Straight leg raise test was positive. Weakness was noted on the right extensor hallucis longus and left peroneus longus muscles. Treatment to date has included, right shoulder rotator cuff debridement, biceps tenotomy and lumbar epidural injections. Utilization review from 1/21/14 denied the requests for Medrox patches and Medrox lotion because guidelines stated that any compounded drug that contains at least one drug that is not recommended is not recommended for use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patches #30:** 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 Analgesic Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Non MTUS Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox Patch contains 3 active ingredients; Methyl Salicylate, Menthol and Capsaicin. MTUS Guidelines identify that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. MTUS states that salicylate topicals are significantly better than placebo in chronic pain. The ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request is not medically necessary.

**Medrox lotion 120gm:** 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 Analgesic Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

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