

<b>Case Number:</b>	CM14-0014307		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Occupational Medicine 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:

Injured worker is a male with date of injury 4/11/2007. Per industrial recheck dated 8/20/2013, the injured worker has persistent low back pain, 8/10 in severity, which he describes as dull and achy type of pain associated with soreness. His pain is worse with standing and prolonged driving and it improves with lying in supine position. He recently had right knee surgery done on 7/9/2013. His low back pain predominantly radiates to the right lower extremity associated with tingling and numbness up to the right foot. His tingling and numbness is most pronounced on the lateral aspect of the right leg. Combination of current medications is helping for pain and he is requesting refill of his medications. On examination his height is 6'0, weight 300 pounds, pain 8/10, blood pressure 138/90, heart rate 116 and respiration rate 17. He is alert, oriented, and pleasant to work with. Spasms noted in the lumbar paraspinal muscles. Straight leg raising aggravates his low back pain on the right side without frank radiation to the right lower extremity. Dysesthesia noted to light touch in the right L5 dermatome. Otherwise, no gross change noted. Diagnoses include 1) low back pain 2) lumbar and sacral osteoarthritis 3) sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Cream, 30 gr, 1/2 tsp, 4 times daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Topical Analgesics section Page(s): 28, 29, 111-113.

**Decision rationale:** More recent clinical notes were not provided for review, but is noted that the injured worker has been prescribed Medrox Cream previously. Medrox Cream is a topical analgesic containing the active ingredients methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the MTUS Guidelines, the use of Medrox Cream is not recommended. The request for Medrox Cream, 30 gr, tsp, 4 times daily is determined to not be medically necessary. The request for Medrox Cream, 30 gr, tsp, 4 times daily is determined to not be medically necessary.