

<b>Case Number:</b>	CM14-0018061		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 39-year-old male with a reported date of injury on 11/13/2012. The mechanism of injury was not listed in the records. The diagnoses included history of chemical burns to the right forearm and right wrist sprain. The past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging studies submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 08/13/2013 included that the patient has continued difficulty making a tight fist due to weakness that has developed post chemical burn in his right hand/wrist. The physical exam findings noted range of motion to the right upper extremity is within normal limits. The motor strength examination showed the right upper extremity strength is rated 4/5. The medications included tramadol 50 mg, ibuprofen 400 mg, and alprazolam 0.5 mg. The treatment plan was to continue and refill medications along with continue home exercise program. A request was received for prescription for compounded Medrox ointment, methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. The rationale for the request was to decrease pain and inflammation. The Request for Authorization form was not provided in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription for Compounded Medrox Ointment (Medroxin), Methyl Salicylate 20%, Menthol 5% and Capsaicin 0.0375%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-1112.

**Decision rationale:** The request for Prescription for Compounded Medrox Ointment (Medroxin), Methyl Salicylate 20%, Menthol 5% and Capsaicin 0.0375% is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In regard to capsaicin, the California Medical Treatment Utilization Schedule (MTUS) Guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over the standard 0.025% formulation would provide any further efficacy. As the proposed cream contains a non approved formulation of capsaicin, the request is not supported by the guidelines. As such, the request is not medically necessary.