

<b>Case Number:</b>	CM14-0138080		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/01/2002
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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:

Patient is a 64 year-old female with date of injury 10/01/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/06/2014, lists subjective complaints as pain in the neck. Objective findings: neck was tender to palpation over the right paraspinal muscles and right trapezius with decreased range of motion. Strength was 5/5 in the upper and lower extremities. Diagnosis: 1. Degenerative disc disease, cervical spine 2. Lumbar radiculopathy. The medical records provided for review document that the patient had not been prescribed the following medications before the request for authorization. Medications: 1. 2 Medrox patches SIG: 1-3 patches daily up to 12 hours 2. Compound Dyna cream MD SIG: topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Medrox Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 28, 112-113.

**Decision rationale:** Medrox patches contain a topical analgesic with the active ingredients, capsaicin 0.0375%, and menthol USP 5% used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to MTUS there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. Medrox patches are not medically necessary.

**Compounded Dyna Cream MD:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

**Decision rationale:** Compounded Dyna Cream MD cannot be found in the Physician's Desk Reference or common formulary. Its ingredients are unknown. Contained within the previous utilization review report is documentation of a conversation with the prescribing physician. According to that physician, Compounded Dyna Cream MD contains some type of NSAID and an analgesic. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The compounded medication requested is not recommended by the MTUS; therefore, it is not medically necessary.