

<b>Case Number:</b>	CM14-0178224		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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:

This is a 37-year-old female with an 11/13/12 date of injury. According to a handwritten and largely illegible progress report dated 9/5/13, the patient complained of constant aching of the low back radiating to the bilateral lower extremities, rated a 7/10. Objective findings: decreased and painful range of motion of lumbar spine, tenderness to palpation of paravertebral muscles of lumbar spine. Diagnostic impression: HNP of lumbar spine at L4-L5-S1, sprain/strain of lumbar spine. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 10/14/14 denied the request for Medrox patch. Medrox patches contain menthol, which is not specifically recommended for topical use in the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patch, provided on September 11, 2013:** Upheld

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

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

**Decision rationale:** Regarding Medrox patches, a search of online resources identified Medrox Patches to contain 0.0375percent Capsaicin, 5percent Menthol, and 5percent Methyl Salicylate.

CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375percent formulation, baclofen and other muscle relaxants, and gabapentin and other Antiepilepsy drugs are not recommended for topical applications. CA MTUS Chronic Pain Medical Treatment Guidelines does not accept capsaicin at a concentration greater than 0.025percent. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for Medrox patch, provided on September 11, 2013 was not medically necessary.