

<b>Case Number:</b>	CM14-0020277		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Pain Medicine, and is licensed to practice in Florida. 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 37 year old female who reported an injury on 04/11/2012, due to an unknown mechanism. The clinical note dated 12/18/2013 presented the injured worker with acid reflux. The injured worker was being treated for ongoing bilateral shoulder, left elbow, and left wrist pain. The injured worker was diagnosed with acid reflux secondary to NSAID's, constipation and diarrhea secondary to NSAID's, post-traumatic weight gain, and a sleep disorder. The provider recommended Medrox #60. The request for authorization form was not included in the medical documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX #60:** Upheld

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

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

**Decision rationale:** The request for Medrox #60 is non-certified. Medrox is a topical analgesia containing capsaicin, methyl salicylate, and menthol. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to

determine efficiency or safety. Any compounded product that contains at least one drug that is not recommended, is not recommended. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines recommend the use of capsaicin for injured workers with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in injured workers who have not responded to or are intolerant of other treatments. While the injured worker is intolerant of NSAID medications, it did not appear the injured worker has a diagnosis for which capsaicin would be indicated. The site at which the topical medication was intended was not provided within the request and the submitted documentation. The provider did not indicate dosage amount for the request. Therefore, the request is non-certified.