

<b>Case Number:</b>	CM14-0049094		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Orthopedic Surgery 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:

The injured worker is a 55-year-old female who was reportedly injured on July 8, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated may 27th 2014, indicated that there were ongoing complaints of constant cervical spine and lumbar spine pain. The physical examination demonstrated tenderness along the cervical spine and lumbar spine with spasms. There were a positive Spurling's test and a positive right-sided straight leg raise. There was also decreased range of motion of the cervical and lumbar spine. The treatment plan recommended continued medications and acupuncture. A request had been made for Medrox and was not certified in the pre-authorization process on March 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox-NPA ointment (methyl salicylate 20%/ menthol 5%/ capsaicin 0.037%/ tramadol 10%)120 gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov; Namaka, 2004; Colombo, 2006; Argoff, 2006.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

**Decision rationale:** Medrox is a topical medication, which is a compound of methyl salicylate, menthol and capsaicin. According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, only topical analgesics consisting of anti-inflammatories, lidocaine, and capsaicin are indicated for usage. There was no efficacy known for other compounded agents. This request for Medrox is not medically necessary.