

<b>Case Number:</b>	CM14-0069481		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 and Rehabilitation 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:

This 74 year-old patient sustained an injury on 10/5/13 from slipping on a piece of paper and fell while employed by [REDACTED]. The request under consideration is Medrox #30. The diagnosis was Joint/Leg pain. Report from 2/6/14 noted chronic left knee pain. Exam has check boxes marked "yes" for tenderness of patella; restricted range (no degree, joint or planes described). Diagnosis was left meniscal tear with treatment of continued modified work and ortho. Ortho report of 3/15/14 noted persistent left knee pain s/p fall radiating down leg and ankle. There is no associated weakness, locking, or giving way. Exam showed left knee with no effusion, full range with flexion of 120 degrees; diffuse sensitivity to palpation; mild medial joint line tenderness; slightly positive McMurray's; negative Lachman's and drawer signs; no tenderness or laxity over collateral ligaments. MRI showed very small tear of medial meniscus with lateral intact; mild chondral thinning in all compartments. Treatment recommendation noted the patient is not a surgical candidate; and opined diffuse pain "is not coming from the meniscal tear" and cannot be "explained from the objective findings on MRI." Cortisone injection may be an option, if not, the anticipation of P&S in two weeks follow-up. Report dated 4/28/14 from the provider noted the patient with ongoing chronic left knee, left ankle pain with weakness. Treatment included medication refills. The request for Medrox #30 was non-certified on 5/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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

**Decision rationale:** Medrox Patches contains Capsaicin/Menthol/Methyl Salicylate. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox patches over 0.025% has not been shown to be more efficacious. Medrox #30 is not medically necessary and appropriate.