

<b>Case Number:</b>	CM14-0071272		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 & 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:

According to the records made available for review, this is a 40-year-old male with a 4/10/12 date of injury. At the time (4/29/14) of the decision for Medrox OTC patches #6 times 2, there is documentation of subjective low back pain, bilateral feet numbness, burning, and tingling. Objective findings present as antalgic gait, tenderness of cervical and lumbar regions, sensations decreased over the left L4, L5, S1 dermatomes, and right C6, C7, C8 dermatomes. His current diagnoses are lumbago and cervicalgia, and treatment to date is usage of medications including the ongoing treatment of Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox OTC patches #6 x2:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375%

formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbago and cervicalgia. However, Medrox cream contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for decision for Medrox OTC patches #6 times 2 is not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for decision for Medrox OTC patches #6 times 2 is not medically necessary.