

<b>Case Number:</b>	CM14-0077457		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Internal Medicine 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 patient is a 44-year-old female with date of injury on 11/11/2013. Mechanism of injury is not reported. She carries a diagnosis of right hip pain, low back pain, and right shoulder pain. Notes provided state that one course of physical therapy was helpful and another course has been recommended. Electromyography (EMG) was negative for any evidence of lower extremity radiculopathy and/or neuropathy. There is no mention of prior medication trials and only mention of prescriptions for Carisoprodol, Medrox topical (Methyl Salicylate 20.00 %, Menthol 7.00 %, And Capsaicin 0.050 %), Omeprazole and Naproxen. The current request is for Carisoprodol 350mg #60 x 2 refills, and Medrox pain relief ointment x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg, qty 60, refills x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** MTUS guidelines for Carisoprodol do not recommend this medication for long term use. ODG has a similar stance on this medication. It is in the class of muscle relaxants

but likely has central nervous system (CNS) effects of sedation and anti-anxiolytic properties. It is felt to be highly addictive and in general, muscle relaxants as a whole class, are not recommended for long-term use. Therefore, the Carisoprodol 350 mg #60 x 2 refills are not authorized.

**Medrox Pain Relief Ointment, refills x2:** Upheld

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

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

**Decision rationale:** MTUS guidelines state that one medication is trialed at a time and documentation of outcome, in terms of function and pain, is made. MTUS also states that any topical compounded medication containing a drug or drug class that is not recommended, then the entire compound is not recommended. The current request is for compounded Methyl Salicylate 20.00 %, Menthol 7.00 %, and Capsaicin 0.050 %. Menthol is not recommended for use in chronic pain treatment. Capsaicin is only recommended for patients intolerant or unable to tolerate standard treatments. There is no documentation as to trial/failure of other treatments for the claimant's pain conditions. Based on above, let alone that no documentation of any trial of single agents in these compounded creams have been tried, the Medrox topical compounded medication is not medically necessary.