

<b>Case Number:</b>	CM14-0182559		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 11/15/11 and continues to be treated for left buttock, hip, and thigh pain. Treatments have included epidural injections and medications. Imaging results include left lateralized lower thoracic and lower lumbar disc protrusions. She was seen by the requesting provider on 09/24/14. Pain was rated at 3-4/10. She was having ongoing left lateral buttock and/thigh pain. There had been sustained improvement after a Toradol injection. Physical examination findings included low back pain and hip pain with range of motion. There was left greater trochanteric tenderness and bilateral lumbar paraspinal and gluteus muscle tenderness. She had decreased left lower extremity strength. There was back pain with straight leg raising. Neurontin 600 mg two times per day and Medrox were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Patch applied topically QD PRN:** 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 Medications for chronic pain Page(s): 60.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for left buttock, hip, and thigh pain. Medrox is a combination of methyl salicylate, menthol, and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, Medrox was not medically necessary.