

<b>Case Number:</b>	CM14-0194232		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 64-year-old man with a date of injury of June 20, 2014. The mechanism of injury occurred when the IW was crossing over wooden planks and slipped and fell on his right hip. The IW underwent right hip open reduction internal fixation on June 20, 2014 for intertrochanteric fracture. The injured worker's working diagnoses are status post ORIF with intramedullary nail for right hip intertrochanteric femur fracture; and associated postoperative hip weakness with associated gait disturbances. Pursuant to the progress note dated October 7, 2014, the IW notes pain in his right lateral hip rated 2/10. The pain is described as dull and tired. He has been using a cane for ambulation. He has been working diligently with physical therapy and has completed 24 sessions to date with significant improvement. The IW denies numbness and tingling, but states his leg feels weak and easily fatigued. He is taking Tylenol ES for the pain. Objectively, there is tenderness to palpation over the lateral right hip and thigh. He has 4/5 weakness in his right hip flexor and hip abductor compared to 5/5 strength in his left side. Neurovascular showed 2+ patellar and Achilles reflexes. The treating physician in recommending 12 sessions of work conditioning, Anaprox 550mg, Medrox patches, and Lidoderm patch. The current request is for Medrox patches (6 boxes), and Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox (Menthol 5%, Capsaicin 0.0375% and Methyl Salicylate 5%) patch 6 boxes:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Medrox (Menthol 5%, Capsaicin 0.0375% and Methyl salicylate 5%) patch #6 boxes are not medically necessary. Topical analgesics are largely experimental with few trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and no current indication over 0.025%. In this case, the injured worker is status post fractured hip surgical repair (ORIF). The injured worker underwent 24 physical therapy sessions, presently ambulates with a cane and complains of 2/10 on the VAS scale. This is present in an October 7, 2014 progress note. The physical examination is normal. There are no neuropathic pain complaints. The medical record does not contain clinical indications for the topical analgesic. Capsaicin 0.0375% is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.0375%) that is not recommended is not recommended. Consequently, Medrox (Menthol 5%, Capsaicin 0.0375% and Methyl Salicylate 5%) patch is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for Medrox (Menthol 5%, Capsaicin 0.0375% and Methyl Salicylate 5%) patch #6 boxes is not medically necessary.

**Lidoderm patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch is not medically necessary. Topical analgesics are largely experimental with few trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specific criteria for Lidoderm patch are enumerated in the Official Disability Guidelines. Lidoderm is recommended for localized pain consistent with a neuropathic etiology after evidence of a trial the first line therapy (tri-cyclists or AEDs). In this case, the injured worker is status post fractured hip surgical repair (ORIF). The injured worker underwent 24 physical therapy sessions,

presently ambulates with a cane and complains of 2/10 on the VAS scale. This is present in an October 7, 2014 progress note. The physical examination is normal. There are no neuropathic pain complaints. The medical record does not contain clinical indication or rationale for the topical analgesic. Lidoderm is indicated for neuropathic pain. There is no evidence of neuropathic symptoms or signs in the medical record. Consequently, Lidoderm patch is not medically necessary.