

<b>Case Number:</b>	CM15-0131656		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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  
 Certification(s)/Specialty: Emergency 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 is a 49-year-old female, who sustained an industrial injury on 2/20/2013. Diagnoses include contusion of ankle, ankle sprain, tibial tendonitis, plantar fasciitis, peroneal tendonitis, Achilles tendonitis, metatarsophalangeal sprain, venous insufficiency and left leg pain. Treatment to date has included oral and topical medications, bracing, and orthotics and specialist consultations/care. Per the Podiatry Progress Report dated 1/07/2014, the injured worker reported pain and discomfort in the anterior, medial, and posterior aspect of her left ankle, plantar aspect of the left arch and dorsal aspect of the left 3rd and 4th metatarsophalangeal joints. Physical examination revealed slight tenderness to palpation at the lateral aspect of the left ankle. 4/5 muscle strength of the left posterior tibial tendon and tenderness to palpation over the left plantar fascia at the anterior, medial, left arch. The plan of care included compound topical analgesic medications. Medrox patches will not be dispensed due to the injured workers allergy to adhesive. Authorization was requested for Medrox patches dispensed on 1/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Medrox patches, (date of service of 1/15/2014): 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:** Medrox is a combination topical medication. It contains capsaicin, methyl-salicylate and menthol. As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Methyl-Salicylate: Shown to be superior to placebo. Should not be used long term. Pt has been on this for several months with some documentation of subjective improvement. Not recommended. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective as a second line treatment. There is no documentation of any treatment failure using standard therapy or failure of other 1st line treatment to even recommend a trial of capsaicin. It is not medically necessary. 3) Menthol: No data in MTUS As per MTUS guidelines since not all components are recommended, the combination medication is not recommended. This request is not medically necessary.