

<b>Case Number:</b>	CM15-0163821		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	05/11/2005
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on May 11, 2005. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having lumbar sprain, lumbar radiculopathy and post lumbar laminectomy syndrome. Treatment to date has included multiple surgeries, therapy and medication. A progress note dated May 5, 2015 provides the injured worker complains of low back pain radiating to the lower extremities with numbness. Physical exam notes lumbar tenderness to palpation with spasm and decreased range of motion (ROM). The request includes Medrox and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox 120gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient was injured on 05/11/05 and presents with lumbar spine pain. The request is for Medrox 120 GM. The RFA is dated 08/12/15 and the patient is permanent and stationary. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the components is not recommended, then the entire component is not recommended. The patient is diagnosed with lumbar sprain, lumbar radiculopathy and post lumbar laminectomy syndrome. The request as stated does not indicate if the request is in patch or ointment form. MTUS Guidelines allow capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental, particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, the entire compounded cream is not supported. The requested Medrox patch IS NOT medically necessary.