

<b>Case Number:</b>	CM15-0186321		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/04/2007
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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(n) 48-year-old male, who sustained an industrial injury on 5-4-07. The injured worker was diagnosed as having chronic lumbar strain, 3-4mm central disc bulge at L4-L5 and right lower extremity radicular pain. The physical exam (4-9-15 through 8-12-15) revealed 8 out of 10 pain in the lower back, "decreased" lumbar range of motion and a positive straight leg raise test. Treatment to date has included physical therapy x 12 sessions, chiropractic treatments x 12, acupuncture and extracorporeal shockwave therapy (started on 4-29-15). Current medications include Lidoderm patch, Naproxen, Tramadol and Medrox patch (since at least 8-12-15). As of the PR2 dated 8-31-15, the injured worker reports persistent lower back pain. He rates his pain 8-9 out of 10, which is worsening since last month and radiates down both legs to the knees. Objective findings include "decreased" lumbar range of motion, a positive straight leg raise test and tenderness to palpation. The treating physician requested Medrox patches #30. On 8-26-15, the treating physician requested a Utilization Review for Medrox patches #30. The Utilization Review dated 9-3-15, non-certified the request for Medrox patches #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Medrox contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. The use of compounded agents has very little to no research to support their use. According to the MTUS guidelines, Capsacin are recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. The claimant was also on other topical and oral analgesics. Multiple medications as such are not justified. Therefore, Medrox is not medically necessary.