

<b>Case Number:</b>	CM15-0219112		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	05/02/2005
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 60 year old female who sustained an industrial injury on May 02, 2005. The worker is being treated for: neck, bilateral shoulder pain, right lateral epicondylitis and GERD. Diagnostic: EMG NCV. Medication: June 2015 noted Nortriptyline started for neuropathic pain, August 2015: Tylenol #3, Zorvolex, Terocin lotion, Advil, Gabapentin, Protonix, Medrox, and Voltaren. September 2015: Advil, Medrox patches Protonix, Zorvolex, and Voltaren gel; is pending authorization Terocin lotion. She stated trying not to take Advil as it upsets her stomach and she cannot tolerate Zorvolex. Treatment: July 2015 noted administration of LESI treating right sciatica. August 2015 noted initiation of chiropractic care. September 2015 POC noted neck pain improving from chiropractic sessions noticing 50 to 75% improvement after treatments last TX two weeks and completed 6 sessions. An additional 6 sessions of chiropractic care noted requested September 15, 2015. On October 23, 2015 a request was made for Medrox patches that was non-certified by Utilization Review on October 30, 2015.

### 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, Section(s): Topical Analgesics.

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

**Decision rationale:** Medrox consists of capsaicin / menthol / methyl salicylate. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines regarding the use of topical capsaicin: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." According to CA MTUS guidelines regarding the use of topical NSAIDs "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.