

<b>Case Number:</b>	CM15-0034510		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Texas, 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 49-year-old male, who sustained an industrial injury reported on 9/10/2012. He reported persistent, radiating pain of the low back. The history notes he attributes internal symptoms/complaints to job-related stress, as well as constant right ankle pain with popping, swelling and buckling. He was noted to have hypertension, gastrointestinal esophageal reflux disease (GERD), and constant, radiating low back pain. The history notes a motor vehicle accident on 6/19/2001 with injury to the right ankle, and motorcycle accident, in 2008, resulting in a broken elbow and increased pain in the right ankle. The diagnoses were noted to include ankle/foot pain; plantar fasciitis; and lumbago. Treatments to date have included consultations; diagnostic imaging studies; open reduction internal fixation with hardware surgery, orthopedic braces and light Sam Browne belt/vest; and medication management. The work status classification for this injured worker (IW) was noted to be working full duty without restrictions or limitations. The medication list includes Lisinopril, Tizanidine, naproxen, Omeprazole and Vitorin. The patient's surgical history includes right ankle surgery in 1986. The past medical history includes Kidney disease. The patient has had MRI of the right ankle on 3/10/11 that revealed post surgical changes. Per the doctor's note dated 9/19/11 patient had complaints of low back pain with radiation and right ankle pain. Physical examination of the low back and right ankle revealed tenderness on palpation and limited range of motion. Per the doctor's note dated 10/31/11 patient had complaints of low back pain with radiation, numbness and tingling and right ankle pain. Physical examination of the low back and right ankle revealed tenderness on palpation and limited range of motion and positive SLR.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox pain relief ointment 120gm x 2 #240 DOS 9/19/11, 10/31/11:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 105, 111, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics Page(s): 111-112.

**Decision rationale:** Request: Medrox pain relief ointment 120gm x 2 #240 DOS 9/19/11, 10/31/11 MEDROX contains methyl salicylate, menthol, capsaicin ointment. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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 "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." There is no evidence in the records provided that the pain is neuropathic in nature. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, and Chronic pain treatment guidelines. Topical Capsaicin is not recommended in this patient for this diagnosis. The medical necessity of the request for Medrox pain relief ointment 120gm x 2 #240 DOS 9/19/11, 10/31/11 is not fully established in this patient.