

<b>Case Number:</b>	CM13-0034471		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/10/2009
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 73-year-old who was injured in a work related accident on 11/10/09. An 11/13/13 progress report with [REDACTED] indicated a diagnosis of status post right total knee arthroplasty with objective findings of stiffness and an effusion. The claimant describes continued subjective night pain. Records indicate recent use of Medrox patches. Other forms of recent conservative care are not well documented. At present for the claimant's diagnosis of status post total knee replacement procedure, continuation of Medrox patches were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Medrox patches are noted to include Capsaicin, amongst other active ingredients. When looking at the California MTUS Guidelines in regard to topical compounded agents, they are noted to be largely experimental. Specifically regarding to Capsaicin, it is

recommended only as an option for patients who have not responded or are intolerant to other forms of treatment. The records in this case fail to demonstrate conservative first line roles of treatment in regard to the claimant's right knee. At present, there would be no indication for continued use of this agent as supported by the clinical guideline criteria.