

<b>Case Number:</b>	CM14-0120674		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 36-year-old right-hand dominant female who sustained work-related injuries on May 11, 2012. Medicals dated December 4, 2013 state the injured worker complained of continuous low back pain that radiates to the mid back and hips. Her pain was increased with prolonged sitting, standing, walking, and sitting activities. She has difficulty bending forward, backwards, sideways, and driving for a prolonged period of time. She also suffers from bouts of depression, stress, and anxiety. She has history of diabetes and hypertension after her work-related injuries. Thoracolumbar spine examination noted tenderness over the paravertebral muscles and spasms. Range of motion was limited in all planes. Sitting straight leg raising test was positive bilaterally. Per medicals dated June 4, 2014, the injured worker continued to have pain in her mid-back and lower back. Pain radiates to her left leg with numbness and tingling sensation occasionally. She also complained of anxiety, depression, and sleeping problems. Thoracic spine examination noted tenderness and spasm over the paravertebral muscles. Lumbar spine examination noted tenderness and spasm over the paravertebral muscles. Range of motion was restricted. Straight leg raising test was positive bilaterally. She is diagnosed with (a) thoracic spine sprain and strain and (b) lumbar spine sprain and strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical compounded analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Salicylate topicals Page(s): 111-113 105.

**Decision rationale:** Medrox ointment's main ingredients are composed of Methyl Salicylate 20 grams in 100 grams, Menthol 5 grams in 100 grams, and Capsaicin 0.0375 grams in 100 grams. Based on this information, Medrox is a compounded topical analgesic, which is considered by evidence-based guidelines as experimental with few randomized controlled trials to determine its efficacy or safety. Moreover, evidence-based guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Methyl Salicylate and Capsaicin have been documented to have some therapeutic effect on pain however with menthol there is no supporting evidence to date. Therefore, with lack of support from evidence-based guidelines or peer to peer evidence-based articles, Medrox is not considered medically necessary.