

<b>Case Number:</b>	CM14-0148515		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/04/2001
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 69 year old male who sustained an industrial injury on 04/04/2001. His diagnoses are cervical sprain/strain and lumbar degenerative disc disease. He continues to complain of low back pain which increases with standing and walking. Physical exam reveals forward flexion of the cervical spine to 45 degrees. Lateral rotation and lateral flexion were to 60 degrees and 45 degrees. Cervical compression test and Spurling's test were negative. Evaluation of the lumbar spine revealed decreased range of motion. Straight leg raise testing was positive at 90 degrees bilaterally. Sensation was intact bilaterally and tendon reflexes were +1 bilaterally. Treatment has included medications including topical compounds. The treating provider has requested Medrox Ointment.

### 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 Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication, Medrox Ointment. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of failure to oral medication therapy. Medical necessity for the requested item has not been established. The request for Medrox Ointment is not medically necessary.