

<b>Case Number:</b>	CM14-0153128		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	06/14/2007
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 44-year-old man with a date of injury of June 14, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are multilevel spondylosis, disc bulge and facet arthropathy with mild to moderate central canal stenosis at C5-C6 level with severe right and mild to moderate left neuroforaminal narrowing at C6-C7 with bilateral foraminal narrowing; lumbar spine degenerative disc disease most severe and L4-L5 with mild to moderate central canal stenosis and bilateral neuroforaminal narrowing at L3-L4, L4-L5 and L5-S1 level; right ventral hernia; reactive depression; and sleep dysfunction. Pursuant to the progress report dated January 29, 2014, the IW complains of neck pain, right upper extremity pain, low back pain, right lower extremity pain, and right abdominal pain. He reported having extensive conservative treatments including medications, physical therapy, and chiropractic care. The low back pain is described as achy, rated 10/10 with radiation into the right lower extremity and the dorsum of the right foot. Objective findings revealed cervical flexion 10 degrees, extension 5 degrees, bilateral tilt 20 degrees, left rotation 80 degrees with right sided neck pain, and right rotation 80 degrees. Spurling's maneuver was positive on the right. Gait was normal and strength was full (5/5) bilateral upper and lower extremities. Sensation was diffusely decreased in the right upper extremity. Bilateral facet loading was positive, and lumbar spine range of motion was limited. Straight leg raise on the right reproduced low back pain, and was negative on the left. An abdominal hernia was noted. The treating physician reports the IW will begin Ketoprofen 50mg, Pantoprazole 20mg, Gabapentin 300mg,

Menthoderm, and Medrox patches. The current request is for 6 boxes of Medrox patches, and 2 boxes of Menthoderm (DOS: January 29, 2014).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Medrox Patches, DOS: 1/29/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Medrox patches for date of service January 29, 2014 are not medically necessary. Medrox contains methyl salicylates, menthol and capsaicin 0.0375%. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and no current indication indicating an increase over 0.025% would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are multilevel spondylosis, disc bulge and facet arthropathy with mild to moderate central canal stenosis at C5 - C6 level with severe right and mild to moderate left neuroforaminal narrowing at C6 - C7 with bilateral foramen narrowing; lumbar spine degenerative disc disease most severe and L4 - L5 with mild to moderate central canal stenosis and bilateral neuroforaminal narrowing at L3 - L4, L4 - L5 and L5 - S1 level; right ventral hernia; reactive depression; and sleep dysfunction. Capsaicin at 0.0375% is not recommended. Any compounded product that contains at least one drug (capsaicin 0.0375%) that is not recommended is not recommended. Consequently, Medrox patches containing capsaicin 0.0375% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Medrox patches for retrospective date of service January 29, 2014 are not medically necessary.

#### **Retrospective 2 Bottles of Menthoderm, DOS: 1/29/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, two bottles of Methoderm date of service January 29, 2014 is not medically necessary. Methoderm contains menthol and methyl salicylate. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are multilevel spondylosis, disc bulge and facet arthropathy with mild to moderate central canal stenosis at C5 - C6 level with severe right and mild to moderate left neuroforaminal narrowing at C6 - C7 with bilateral foraminal narrowing; lumbar spine degenerative disc disease most severe at L4 - L5 with mild to moderate central canal stenosis and bilateral neuroforaminal narrowing at L3 - L4, L4 - L5 and L5 - S1 level; right ventral hernia; reactive depression; and sleep dysfunction. Menthol is not recommended. The only available FDA approved topical non-steroidal anti-inflammatory drug is diclofenac. Topical salicylates are a type of non-steroidal anti-inflammatory topical analgesic. Any compounded product that contains at least one drug (menthol) is not recommended is not recommended. Consequently, Methoderm containing menthol and methyl salicylate are not recommended. Based on the clinical documentation in the medical record and peer-reviewed evidence-based guidelines, two bottles Methoderm date of service January 29, 2014 are not medically necessary.