

<b>Case Number:</b>	CM15-0125310		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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 55 year-old female who sustained an industrial injury on 05/16/12. She reported neck, upper back, mid back, and lower back pain status post fall. Diagnoses include chronic pain due to trauma, thoracic sprain/strain, injury to multiple sites, cervicgia, other sleep disturbances, carpal tunnel syndrome, and lumbago. Diagnostic testing and treatments to date have included MRI of the cervical, thoracic, and lumbar spine, EMG/NCS, drug urinalysis, chiropractic care, acupuncture, thoracic and lumbar epidural steroid injection, physical therapy, lumbar support belt, and pain medication management. Currently, the injured worker complains of residual back pain with activity. Topical analgesic cream with medications decrease her pain level. Previous Medrox has been more effective than other topical analgesics. Requested treatments include Medrox topical patches 20%, 1 patch at bedtime as needed #6 boxes - 30 day supply. The injured worker is under no work restrictions. Date of Utilization Review: 06/01/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox topical patches 030375-5-20%, 1 patch at bedtime as needed #6 boxes - 30 day supply (prescribed 5/4/15): 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): 110-112. Decision based on Non-MTUS Citation <http://physiciandispensingsolutions.com/Medrox.html>.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to <http://physiciandispensingsolutions.com/Medrox.html>, the active ingredients: 20.00% Methyl Salicylate, 5.00% Menthol and 0.0375% Capsaicin. Per the MTUS guidelines, Capsaicin is generally available as a 0.025 percent formulation (as a treatment for osteoarthritis) and a 0.075 percent formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). As noted in the MTUS guidelines, there have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. The request for Medrox topical patches 030375-5-20%, 1 patch at bedtime as needed #6 boxes - 30 day supply (prescribed 5/4/15) is not medically necessary and appropriate.