

<b>Case Number:</b>	CM15-0128938		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/17/2006
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old female sustained an industrial injury on 8/17/06. She subsequently reported back pain. Diagnoses include lumbago, facet arthropathy and right knee chondromalacia. Treatments to date include MRI testing, back brace, pool therapy and prescription pain medications. The injured worker continues to experience low back and bilateral knee pain. Upon examination, range of motion of the thoracolumbar spine was reduced. There was mild decreased sensation distal to the knee. A request for Medrox Patches Qty 30 (retrospective DOS 6/19/14) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Patches Qty 30 (retrospective DOS 6/19/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132 Medications for chronic pain, p60.

**Decision rationale:** The claimant sustained a work injury in August 2006 and continued to be treated for low back and bilateral knee pain. When seen, she was having increasing flank pain. Symptoms were on the left side. She was no longer having right-sided symptoms. No physical examination was reported. Medrox was prescribed. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. In this case, other single component topical treatments in a non-patch formulation or oral medications could have been considered. The Medrox patch was not medically necessary.