

<b>Case Number:</b>	CM15-0129879		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 35 year old male, who sustained an industrial injury on 7/17/2014. The mechanism of injury is injury from a metal wall falling onto his back as he was leaning forward at the waist. The current diagnoses are status post laminoforaminotomy at right L4-L5 and L5-S1 (4/16/2015), lumbar disc with radiculitis, and degeneration of lumbar disc, low back pain, and post laminectomy syndrome of the lumbar region. According to the progress report dated 6/2/2015, the injured worker complains of low back pain with radiation into the right lower extremity to the level of his calf. The pain is associated with tingling, numbness, weakness, and bladder urgency. The pain is described as sharp-shooting, tingling, numbness, pinprick, and tightness. The level of pain is not rated. The physical examination of the lumbar spine reveals antalgic gait, restricted and painful range of motion, muscle guarding, decreased motor strength in the right lower extremity, and positive straight leg raise on the right. The current medications are Ultram, Cyclobenzaprine, Norco, Fenoprofen, Lidoderm, Tramadol, and Valium. Treatment to date has included medication management, cold, heat, activity modification, lumbar corset, physical therapy, MRI studies, chiropractic, pain clinic, acupuncture, and surgical intervention. Work status is described as temporarily totally disabled. A request for Medrox patches has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Patches Qty 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Methyl salicylate, menthol and capsaicin.

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not addressed within the MTUS. Capsaicin is only recommended when other, conventional treatments have failed. In this case, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. Although, Methyl Salicylate is supported by the MTUS, Menthol is not addressed, and Capsaicin is only recommended when other, conventional treatments have failed. In addition, there is no indication to what body part is being treated. Therefore, based on MTUS guidelines and submitted medical records, the request for topical compound application is not medically necessary.