

<b>Case Number:</b>	CM15-0040576		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/19/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 49-year-old male who sustained an industrial injury on 06/19/01. Initial complaints and diagnoses are not available. Treatments to date include medications, ice, elevation, heat, and ace bandages. Diagnostic studies include MRI of the right ankle. Current complaints include right ankle and low back pain. Current diagnoses include lumbar discopathy, right plantar fasciitis, and status post right ankle open reduction internal fixation 1986. In a progress note dated 09/19/11 the treating provider reports the plan of care as a MRI of the lumbar spine, neurodiagnostic studies of the bilateral lower extremities, a light Sam Browne belt and vest, and medications including naproxen, Tizanidine, ondansetron, Omeprazole, and Medrox ointment. The requested treatment is a retroactive request for Medrox ointment from 09/19/11 and 10/31/11.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Medrox pain relief ointment 120gm x 2, 240gm, DOS: 9/19/2011: 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 analgesic Page(s): 111-113.

**Decision rationale:** This patient presents with low back pain that radiates into the lower extremities with numbness and tingling. The patient also complains of right ankle tenderness. The current request is for retro Medrox pain relief ointment 120gm x 2, 240 gm dos 09/19/2011. Treatment history includes ORIF of the right medial malleolus, medication and physical therapy. The patient is currently working full duty. Medrox topical cream contains 0.035% of capsaicin, menthol, and 0.0375% of methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." On 09/19/11 and 10/31/11, the treating physician dispensed Medrox ointment "for temporary relief of minor aches and muscle pain." Neither of these reports discusses this medication's efficacy. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation cannot be made. This request is not medically necessary.

**Retro Medrox pain relief ointment 120gm x 2 240gm, DOS: 10/31/2011: 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 analgesic Page(s): 111-113.

**Decision rationale:** This patient presents with low back pain that radiates into the lower extremities with numbness and tingling. The patient also complains of right ankle tenderness. The current request is for retro Medrox pain relief ointment 120gm x 2, 240 gm dos 09/19/2011. Treatment history includes ORIF of the right medial malleolus, medication and physical therapy. The patient is currently working full duty. Medrox topical cream contains 0.035% of capsaicin, menthol, and 0.0375% of methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." On 09/19/11 and 10/31/11, the treating physician dispensed Medrox ointment "for temporary relief of minor aches and muscle pain." Neither of these reports discusses this medication's efficacy. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation cannot be made. This request is not medically necessary.