

<b>Case Number:</b>	CM15-0062424		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	02/27/1995
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 is a 55 year old male, who sustained an industrial injury on February 27, 1995. He has reported right hip pain and back pain. Diagnoses have included chronic pain syndrome, lumbar spine disc protrusion with radiculopathy, bilateral hip avascular necrosis, and severe reactive depression. Treatment to date has included medications, physical therapy, bracing, total hip arthroplasty with multiple revisions, transcutaneous electrical nerve stimulation unit, pool therapy, and imaging studies. A progress note dated February 19, 2015 indicates a chief complaint of right hip pain and lower back pain. The treating physician documented a plan of care that included medications and continuation of pool therapy, as this treatment has been beneficial in the past.

### 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 2/19/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): s 111-112. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for Pain Interventions and Guidelines UpToDate: Camphor and menthol: Drug information.

**Decision rationale:** Medrox patch is a topical analgesic containing methylsalicylate, menthol, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is not documentation that this patient has been treated with either of those classes of medications. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Menthol is a topical skin product available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Medrol is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. It is not recommended in this case. This compounded drug is not recommended. It contains two drugs that are not recommended. Therefore it is not recommended.

**Aquatic Therapy, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 56.

**Decision rationale:** Aquatherapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The recommended number of visits follows those recommended for land-based physical therapy. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the therapy). In this case the patient has had 29 aquatherapy treatments. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. Number of treatments surpasses the recommended number of treatments. There is no indication for additional treatments. The request should not be authorized. Therefore, the request is not medically necessary.

