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| Case Number: | CM13-0002625 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 03/01/2010 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 07/02/2013 |
| Priority: | Standard | Application Received: | 07/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for bilateral hand, wrist, and thumb arthritis associated with cumulative trauma at work first claimed on March 1, 2010. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; topical compound; muscle relaxants; transfer of care to and from various providers in various specialties; and work restrictions. It does appear that the applicant has returned to work with limitations in place. An earlier clinical progress note of October 16, 2013 is notable for comments that the applicant is working full time in a prison. She is receiving dialysis. She is pending a kidney transplant. She is hypertensive. The applicant is asked to continue topical pain medications and return to work with limitations in place. In a later note of November 13, 2013, the attending provider writes that the applicant needs to avoid oral medications owing to her issues with renal insufficiency. The applicant is receiving peritoneal dialysis and is on the list for a renal transplant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28,105. Decision based on Non-MTUS Citation Drug Facts from the National Library of Medicine.

Decision rationale: As noted by National Library of Medicine, Medrox is an amalgam of methyl salicylate, menthol, and capsaicin. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is recommended only as an option in those applicants who have not recommended to and/or are intolerant of other treatments. Page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does state that salicylate topicals are recommended. Another ingredient in the topical compound is methyl salicylate. In this case, it does appear that the applicant is not a candidate for first line oral pharmaceuticals, including NSAIDS and/or opioids, owing to the fact that she has evidence of renal insufficiency. Employing topical analgesics, including topical compounded Medrox is therefore indicated here. The applicant has demonstrated functional improvement through prior usage of Medrox as evidenced by her successful return to work. The request for Medrox patches is medically necessary and appropriate.

Dendracin lotion: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28,64. Decision based on Non-MTUS Citation Drug Facts from the National Library of Medicine.

Decision rationale: As with the Medrox patches, Dendracin is an amalgam of methyl salicylate, menthol, and capsaicin. As noted previously, page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of salicylate component of the request. Page 28 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that capsaicin should be employed as a last line agent, in those applicants who have not responded to and/or are intolerant to other treatments. In this case, the applicant's issues with renal failure requiring peritoneal dialysis do make it difficult to provide first line oral pharmaceuticals here. The applicant has demonstrated functional improvement through prior usage of Dendracin as evidenced by her successful return to work. The request for Dendracin lotion is medically necessary and appropriate.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64. Decision based on Non-MTUS Citation FDA data on cyclobenzaprine.

Decision rationale: As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine or Flexeril causes urinary retention. In this case, the applicant is an

individual with issues with renal failure requiring peritoneal dialysis. Providing medications that causes urinary retention may not be the most appropriate choice here. It is incidentally noted that the Food and Drug Administration (FDA) notes that cyclobenzaprine or Flexeril is primarily metabolized by the kidney. For all of these reasons, then, provision of cyclobenzaprine does not appear to be an appropriate choice here. The request for Flexeril is not medically necessary and appropriate.