

Case Number:	CM13-0004424		
Date Assigned:	03/07/2014	Date of Injury:	11/03/2011
Decision Date:	08/14/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 31-year-old female who reported an injury on 11/03/2011. The mechanism of injury was noted as repetitive use of a meat slicer. The clinical note dated 05/24/2013 noted the injured worker complained of chronic right shoulder and right upper extremity pain. The clinical note dated 05/24/2013 was a follow-up visit for status post right shoulder arthroscopic surgery on 03/21/2013 as well as right elbow epicondylitis. The physical examination of the right shoulder noted mild tenderness diffusely. Range of motion testing values noted forward flexion was 160 degrees, abduction 140 degrees, internal rotation 70 degrees, and external rotation 80 degrees. Physical examination of the right elbow had tenderness over the lateral epicondyle and provocative tests for lateral epicondylitis were mildly positive. Range of motion testing values of the right elbow noted range of motion was 0 to 140 degrees with flexion and extension and pronation and supination were 80 degrees. Diagnostic studies included a magnetic resonance imaging (MRI) of the right shoulder on 10/03/2012 which revealed mild tendinosis/tendinopathy of the supraspinatus tendon, mild narrowing of the subacromial space, os acromiale and mild tenosynovitis of the biceps tendon. An electromyography (EMG)/nerve conduction study (NCS) of the right upper extremity was performed on 10/25/2012 which revealed provocative testing of the right elbow and wrist failed to result in paresthesia in a specific peripheral nerve distribution. The injured worker's diagnoses included right shoulder impingement syndrome, right shoulder synovitis, and right elbow lateral epicondylitis. Previous treatments included physical therapy and injections. Medications were not provided within the documentation. The provider request was for Medrox patch #30. The request for authorization form and rationale were not included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCH #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Medrox patch #30 is not medically necessary. The injured worker has a history of chronic right shoulder pain and to have undergone a right shoulder arthroscopic surgery on 03/21/2013. Medrox patch active ingredients include Methyl Salicylate 5%, Menthol 5%, and Capsaicin 0.035%. The California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The California MTUS Guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation for treatment for osteoarthritis and 0.075% formulation primarily for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. There have been no studies of a 0.035% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There is a lack of documentation to indicate the patient's signs or symptoms are suggestive of neuropathic pain and that the patient has failed trials of antidepressants and anticonvulsants to warrant topical analgesics. Additionally, there is a lack of documentation to indicate the injured worker was intolerant to or did not respond positively to. The requesting physician did not provide a sufficient recent documentation detailing the injured worker's condition. Additionally, the request does not indicate the frequency at which the medication is prescribed or the site at which it will be applied in order to determine the necessity of the medication. As such, the request for Medrox patch #30 is not medically necessary.