MAXIMUS Federal Services

Case Number:	CM13-0012196		
Date Assigned:	09/08/2014	Date of Injury:	08/27/1998
Decision Date:	10/09/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/16/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported injury on 08/27/1998. The injured worker was noted to be utilizing Terocin lotion, Medrox patches and gabapentin as of 03/2013. Diagnostic studies included x-rays, MRIs and electro-diagnostic studies. The mechanism of injury was repetitive strain. The prior therapies included physical therapy, chiropractic care and cortisone injections. The request was made to correlate with plain films. The injured worker underwent an MRI of the right wrist on 05/20/2013, which revealed a rounded region of cystic signal alteration at the trapezoid measuring approximately 4 to 5 mm in diameter. There was a similar small cystic signal alteration and the proximal pole of the scaphoid and the mid pole of the lunate and capitate. These may represent erosions, vascular channels or interosseous ganglion cysts or other osseous lesions. The documentation of 07/11/2013 revealed the injured worker had been utilizing Tylenol #3 with relief. The objective findings revealed the 2 point discrimination was aberrant along the right finger along the index and long finger. The injured worker had full motion of the elbows and could make a full fist. There was weakness to resisted function along the shoulders bilaterally. Wrist extension was weaker on the right. There was a positive reverse Phalen's on the right side. There was tenderness along the dorsum of the wrist and palmar ulnocarpal joint especially on the left. There was positive tenderness along the snuff box on the right side that were noted to be in agreement with MRI findings. The diagnoses included carpal tunnel syndrome bilaterally with multiple studies confirming it, wrist joint inflammation bilaterally and impingement syndrome bilaterally. The treatment plan included Neurontin 600 mg 90 tablets and Tylenol #3, Prilosec 20 mg tablets, Flexeril 7.5 mg tablets, tramadol ER 150 mg and Acetadryl 50/500 mg to use at night to remedy sleep issues as well as Dendracin cream and Medrox patches. The most recent MRIs included an MRI of the left wrist

on 05/20/2013 which revealed a small region of cystic signal alteration in the lunate which is likely to represent vascular channels. Additionally, erosions are subchondral cysts and this region could simulate the appearance. Consider plain film correlation. There was subchondral cystic alteration at the radius at the radial carpal joint suspicious for erosion or subchondral cyst formation due to arthritic disease. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetadryl 50/500mg, #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: The California MTUS Guidelines recommend acetaminophen for the treatment of chronic pain and acute exacerbations of chronic pain. The clinical documentation submitted for review indicated the injured worker was utilizing Tylenol #3, which contains acetaminophen. There was a lack of documentation indicating a necessity for two products with acetaminophen. The California MTUS and ACOEM Guidelines do not specifically address diphenhydramine. As such, secondary guidelines were sought. The Official Disability Guidelines recommend sedating antihistamines for sleep aids. However, there was a lack of documentation indicating a necessity for both Tylenol #3 and Acetadryl. The rationale for the use of diphenhydramine was the injured worker had issue with sleep. However, as the request for the acetaminophen portion would not be supported due to duplication with the Tylenol # 3, the request would not be supported in its entirety. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Acetadryl 50/500 mg #50 is not medically necessary.

Dendracin Cream quantity: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, Lidoderm Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Dendracin, Online Drug Insert.

Decision rationale: The California MTUS guidelines indicates that topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Benzocaine in similar to Lidocaine and Lidocaine is only recommended in a Lidoderm patch. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The clinical documentation submitted for review failed to provide the injured worker a trial and failure of anticonvulsants and antidepressants. Additionally, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and body part to be treated with a Dendracin. Given the above, therapy request for Dendracin cream quantity 1 is not medically necessary.

Medrox Patches quantity: 20.00: 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 Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105, 111, 28. Decision based on Non-MTUS Citation Medrox Online Package Insert.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 03/2013. There was a lack of documentation of efficacy for the requested medication. Additionally, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and strength for the requested medication. Given the above, the request for Medrox patches quantity 20 is not medically necessary.