

Case Number:	CM13-0013627		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2008
Decision Date:	03/12/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 41 year-old female with a 9/12/2008 industrial injury claim. According to the 7/2/13 report from [REDACTED], she presents with 8/10 constant neck pain, low back pain and right shoulder pain, pain in both hands that is 7/10. She has headaches, pain down both legs, right >left, and pins and needles sensation in the feet, numbness and tingling in the hands. Medications included Clonazepam, Norco, Flexeril, Fioricet, Seroquil, and Nuvage. Her diagnoses included HNP C5/6, C6/7 with spinal stenosis and RUE radiculopathy; multilevel lumbar spondylosis with RLE radiculopathy; s/p right shoulder reconstruction with residual fibromyalgia; anxiety and depression secondary to the injury and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." the compound also contains Capsaicin 0.375%, and MTUS for capsaicin states " 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. " MTUS does not appear to support the use of 0.375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guidelines.

Flurbiprofen Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The patient presents with neck shoulder and low back pain. there is no discussion on efficacy of Flurbiprofen topical, or the body region the patient uses it on. MTUS states that topical NSAIDs are for OA in joints amenable to topical treatment. MTUS specifically states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." As the patient is reported to have neck, back and shoulder complaints, the use of Flurbiprofen appears to be over an area that is not recommended by MTUS.