

Case Number:	CM13-0014586		
Date Assigned:	10/07/2013	Date of Injury:	12/01/2011
Decision Date:	03/18/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 Orthopedic Surgeon and is licensed to practice in Texas. 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.

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 patient is a 55 year old male who reported an injury on 07/19/2011. His current diagnoses include post bilateral carpal tunnel releases, post right long finger fracture, cubital tunnel syndrome, left trigger thumb and pinky. He was seen on 06/17/2013 with complaints of continued symptomatology in the hands bilaterally, including his left thumb and right long finger. He received a corticosteroid injection of the left thumb that provided relief for approximately four weeks. Other pharmacological agents including naproxen, cyclobenzaprine hydrochloride, Medrox and tramadol have been used for symptomatic relief. The note reported the cyclobenzaprine hydrochloride and Medrox provided the patient had temporary relief and allowed for continued daily function. He was recommended to continue the current medication regimen for sixty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Medrox pain relief ointment 120g x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: CA Medical Treatment Utilization Section (MTUS) guidelines states that topical use of capsaicin is 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. The documentation submitted for review did not provide measure parameters for pain and functional improvement. As such, the efficacy of the recommended regimen cannot be determined. In addition, there is no indication for 0.0375% of capsaicin versus 0.025%. As such, the request for Medrox pain relief ointment 120g x 2 is non-certified.