

Case Number:	CM13-0015527		
Date Assigned:	09/27/2013	Date of Injury:	10/14/2011
Decision Date:	01/30/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in 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 patient is a 57-year-old male with a date of injury on 10/14/2011. The patient's diagnoses are: cervical discopathy; lumbar discopathy/segmental instability; bilateral carpal tunnel syndrome/ double crush syndrome; bilateral plantar fasciitis. Status post right shoulder surgery as reported on 07/23/2013. The patient has persistent pain of the neck, right shoulder pain. Physical examination by [REDACTED] shows tenderness at the cervical and lumbar paravertebral muscles and upper trapezial muscles with spasm. Pain with terminal motion of the right shoulder. Utilization review dated 08/05/2013 denied request for Medrox stating that topical "capsaicin is recommended as an option in patients who have not responded or intolerant to other treatments." The request is for Medrox Patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Medrox Patch #30 (retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 29.

Decision rationale: This patient presents with chronic shoulder pain with prior history of shoulder surgery from 7/23/13. The patient also suffers from chronic neck pain, bilateral carpal tunnel syndrome and plantar fasciitis. The treater has prescribed the Medrox patch. This medication contains Menthol, Capsaicin 0.0375% and methyl Salicylate. California chronic pain medical treatment guidelines, states that if one of the components of compounded product is not recommended, then the entire compounded product is not recommended. In this case, salicylate (a topical NSAID) non-steroidal anti-inflammatory drugs is only indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). It is not recommended for shoulder, neck, low back or for neuropathic pain. This patient does not present with a peripheral joint tendinitis or osteoarthritis. Carpal tunnel syndrome is a neritis problem and not a tendinitis or arthritis one. Plantar fasciitis is a tendinitis type of a problem, but it is doubtful that the patient is prescribed Medrox patch for this condition. The treater does not indicate where this patient is using the Medrox patches. Capsaicin is indicated for more chronic pain conditions and muscle pains, such as what this patient suffers from. However, Capsaicin is supported at lower dosing and not at high dosing such as 0.0325%, as found in Medrox. Given the lack of MTUS guidelines support, the request for Medrox Patch #30 is not medically necessary or appropriate.