

Case Number:	CM13-0022404		
Date Assigned:	03/12/2014	Date of Injury:	04/01/2008
Decision Date:	06/10/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/10/2013

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 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 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 patient is a 58-year-old female with date of injury of 04/01/2008. The listed diagnosis per the provider dated 06/11/2013 is bilateral carpal tunnel syndrome. According to the report, the patient continues to complain of symptoms in the bilateral upper extremities. She reports paresthesia and numbness and dropping items. The patient notes compliance with medications provided to her in the past but does report some upset stomach with the use of naproxen. She continues to utilize naproxen as it offers her temporary pain relief allowing her to perform her activities of daily living. The physical exam of the bilateral wrist shows a positive palmar compression test subsequent to Phalen's maneuver. There is reproducible symptomatology in the median nerve distribution with positive Tinel's, consistent with carpal tunnel syndrome. There is dysesthesia at the radial digits. There is pain with terminal flexion. The utilization review denied the request on 08/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCH #30 FOR DOS 6/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (2004) 2nd edition, NOT GIVEN, TABLE 3, Official Disability Guidelines (ODG), and Food and Drug Administration (FDA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL CREAMS Page(s): 111. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, THE MTUS HAS THE FOLLOWING REGARDING, pg 111.

Decision rationale: The patient presents with bilateral upper extremity pain. The treating provider is requesting Medrox patch. The MTUS guidelines state that topical analgesic is recommended as an option primarily for neuropathic pain while trials of antidepressant and anticonvulsants have failed. It is largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox patch is a compounded topical analgesic containing menthol 5%, capsaicin 0.0375%, and methyl salicylate. The MTUS states that for capsaicin, "There have been no studies of 0.0375% formulation of capsaicin and that there is no current indication that this increase over a 0.025 formulation would provide any further efficacy." In this case, the capsaicin is not recommended above 0.025% concentration. The recommendation is for denial.