

Case Number:	CM13-0023587		
Date Assigned:	03/14/2014	Date of Injury:	01/05/2012
Decision Date:	04/22/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

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:

This is a 52-year-old male with date of injury 01/05/2012. Per treating physician's report 06/18/2013, the listed diagnoses are: 1. De Quervain's tenosynovitis. 2. Mild carpal tunnel at the right wrist. This handwritten note states that the patient continues to have numbness and tingling in the hands, stiff thumb, and no change in examination. Request was for hand consult, continue medications, request for 6 more acupuncture sessions, continued use of the brace, and QME report pending. There is also a progress report on 07/30/2013 with same diagnoses and treatment request for additional acupuncture, de Quervain's release surgically, and removal of scaphoid exostosis. Another report from 05/01/2013 by the treating physician has complaints of symptomatic de Quervain's tenosynovitis, failed to improve with conservative care. The patient was recently authorized for acupuncture. Physical examination showed positive Finkelstein test. Treatment plan was to continue acupuncture. The patient was a surgical candidate. There are no listed medications on these reports. A handwritten report from 03/26/2013 states, "Using patches/medications helping/no acupuncture, status post injection - 50% improved." Recommendation was for continue with patches and medications, acupuncture 2 x 6, interferential unit, home exercise kit, and continued brace use.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO MEDICATIONS: DOS 07/29/13 MEDROX PATCH TIMES 15 MEDICALLY NON CERTIFIED BY PA: Upheld

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

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

Decision rationale: This patient presents with chronic persistent de Quervain's syndrome with wrist pain. The treating physician has prescribed Medrox patches. This patch contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. MTUS Guidelines for topical analgesics states "primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsives have failed". It further states that any compounded product containing at least one drug that is not recommended is not recommended. This compound contains capsaicin 0.0375%, and MTUS Guidelines under capsaicin states that there are no studies of 0.0375% formulation of capsaicin, and there is no current indication for this increase over 0.025% formulation would provide any further efficacy. MTUS Guidelines does not support the stronger dose of 0.0375%, and therefore, the entire compound of topical Medrox patch is not supported. The request is not in accordance with MTUS Guidelines. Recommendation is for denial.