MAXIMUS Federal Services

Case Number:	CM13-0029690		
Date Assigned:	12/18/2013	Date of Injury:	11/29/2010
Decision Date:	03/21/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/27/2013

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 Family Practice, 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. 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 51-year-old female who reported an injury on 11/29/2010. The 11/21/2013 note reports the patient has a history of bilateral carpal tunnel syndrome, mild lateral epicondylitis and nonspecific subcutaneous fibrotic reaction along the posteromedial aspect of the elbow overlying the cubital tunnel retinaculum with mild thickening of the ulnar nerve. She had complaints of mild right wrist pain, hand numbness, and left elbow pain rated at 7/10. The exam noted range of motion to the left elbow was 0 to 120 degrees and supination/pronation 90 degrees. She was extremely tender to the left lateral epicondyle. The range of motion of the wrist was 70/70 degrees of extension bilaterally, 80/80 degrees of flexion bilaterally, 35/35 degrees of ulnar deviation bilaterally, and 25/25 degrees of radial deviation bilaterally. She had a positive Phalen's and Tinel's sign bilaterally. She had 4+/5 grip strength bilaterally. She was treated with injections, physical therapy, acupuncture, Flexeril, Medrox patches, and Menthoderm gel. The note indicated she refuses surgical intervention. She was recommended for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Medrox is a combination of Menthol and Capsacin. The CA MTUS states there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The guidelines also state it is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted did not provide evidence of failed measures from other conservative treatments. The lack of documentation does not support the need for Medrox. As such, the request is non-certified.