

Case Number:	CM13-0031109		
Date Assigned:	12/04/2013	Date of Injury:	11/11/2011
Decision Date:	04/17/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	10/02/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 27-year-old female who reported an injury on 11/11/2011. The mechanism of injury was not stated. The patient was diagnosed with reflex sympathetic dystrophy of the upper limb, displacement of cervical intervertebral disc without myelopathy and disorders of the bursae and tendons in the shoulder region. The patient was seen by the Physician Assistant, [REDACTED] on 10/24/2013. The patient reported persistent pain in the head, neck, upper back and left shoulder. It is noted that the patient was discontinuing all oral medications secondary to her pregnancy. Physical examination revealed decreased cervical range of motion, positive Spurling's maneuver bilaterally, tenderness over the anterior and posterior aspects of the shoulder, positive Yergason's and cross arm testing, tenderness to palpation of the elbow, full range of motion of the lumbar spine and decreased motor strength of the left upper extremity. Treatment recommendations included a prescription for Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MEDROX PATCHES 5%, #4 BOXES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. As per the documentation submitted, there is no evidence of this patient's current utilization of this medication. There was also no evidence of a failure to respond to first-line oral medication. Based on the clinical information received, the request is non-certified.

PRESCRIPTION OF TOPICAL DENDRACIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. As per the documentation submitted, there is no evidence of this patient's current utilization of this medication. There was also no evidence of a failure to respond to first-line oral medication. Based on the clinical information received, the request is non-certified.