

Case Number:	CM13-0032216		
Date Assigned:	12/04/2013	Date of Injury:	11/11/2012
Decision Date:	01/16/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 Medicine has a subspecialty in Pain Medicine, 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:

33 yr. old female who sustained an injury on 11/11/12 in her neck, back and shoulders while working in a fitness gym. She developed thoracic outlet obstruction and had rib resection in 2009 and had scalene and trapezius blocks on 1/22/13. She had full resolution of symptoms until November, 2012. She had persistent paresthesias on the right and left side. Her nerve conduction velocity (NCV) and electromyogram (EMG) studies were unremarkable. A progress note in 7/2013 noted that she had persistent pain 7/10 in the shoulders, spine and arms. She was prescribed Medrox patches and flurbiprofen cream (to avoid oral nonsteroidal anti-inflammatory drugs (NSAID) side effects) for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The use of compounded agents have very little to no research to support their use. According to

the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. As per MTUS guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore, in this case, Medrox is not medically necessary and appropriate.

Flurbiprofen 20% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The treating physician indicated the use of topical nonsteroidal anti-inflammatory drug (NSAID), like Flurbiprofen, to avoid the systemic effects of oral NSAIDs. According to the MTUS guidelines, topical NSAIDs can reach the same blood concentrations as oral NSAIDs. Thus placing the patient at similar risk. In addition it may be appropriate for knee osteoarthritis. In this case, the claimant has thoracic outlet syndrome. Based on the information provided, topical Flurbiprofen is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. Opioid is recommended when NSAID or acetaminophen have failed. It is not indicated for mechanical or compressive etiologies (such as thoracic outlet). In this case, there is no documentation of failure of the above modalities or a lower dose of hydrocodone (5 mg vs 10mg). The use of Norco as prescribed is not medically necessary.