

Case Number:	CM13-0036975		
Date Assigned:	12/13/2013	Date of Injury:	01/14/2006
Decision Date:	02/06/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/22/2013

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 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 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 with a date of injury on 1/14/06. The utilization review dated 9/27/13 recommends denial of the RFA submitted [REDACTED] for a TENS purchase and Medrox ointment. [REDACTED] 9/10/13 report indicates the patient's diagnoses include cervical radiculopathy, lumbar radiculopathy, bilateral shoulder impingement syndrome, bilateral moderate carpal tunnel syndrome, and bilateral ulnar neuropathy at the wrists. His 6/7/13 reports the patient complains of significant pain radiating from her neck to the tip of her fingers. The EMG/nerve conduction studies showed bilateral moderate carpal tunnel syndrome, bilateral ulnar neuropathy at the elbows and bilateral ulnar neuropathy at the wrists. The MRI of the cervical spine that was done in 2012 is significant for a 6-mm disc herniation causing severe right neuroforaminal narrowing. The patient's current physical therapy is utilizing a TENS that the patient reports as extremely helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox ointment contains capsaicin 0.0375%, menthol 5%, methyl salicylate 20%. The California MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments." Furthermore, MTUS indicates capsaicin efficacy for peripheral neuropathies at a 0.025% formulation, with no studies of the efficacy of a 0.0375% formulation. There is no discussion about the patient's intolerance or failure to respond to other therapies and the guidelines do not support a 0.375% capsaicin formulation, thus the entire compounded product is not recommended. Furthermore, methyl salicylate contained in Medrox ointment is a topical NSAID. The California MTUS limits use of topical NSAIDs to peripheral joint arthritis/tendinitis. This patient does not present with peripheral joint arthritis or tendinitis. The recommendation is for denial.

TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 113-116.

Decision rationale: The California MTUS discusses TENS units as "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration" and for certain conditions, such as the peripheral neuropathies mentioned in this case. Unfortunately, the request is not listed as a one-month home-based trial and there is no mention of it being used in conjunction with an evidence-based functional restoration program, such as the transition of exercises learned at physical therapy to a home-based exercise program that demonstrate increased function. The recommendation is for denial.