

<b>Case Number:</b>	CM13-0047041		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 & 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 39-year-old female with a date of injury of 02/06/2013. The listed diagnoses per [REDACTED] dated 09/17/2013 are: (1) Right shoulder impingement syndrome, (2) right lateral epicondylitis, (3) right medial epicondylitis, (4) right wrist internal derangement, (5) right de Quervain's tenosynovitis, (6) right carpal tunnel syndrome, (7) anxiety reaction, (8) gastropathy secondary to taking pain medication. According to report dated 09/17/2013 by [REDACTED], the patient presents with right wrist, right elbow, and right shoulder pain rated as 7/10. Examination of the right elbow showed lateral elbow tenderness to palpation. Resisted wrist dorsiflexion produces pain. Medial elbow is tender to palpation. Tinel's sign is slightly positive at the elbow. Right wrist examination showed FDC is tender to palpation. Hypopigmentation and fatty atrophy above the FDC is noted as well. Examination of the right shoulder revealed anterior shoulder is tender to palpation. Range of motion is decreased in flexion and abduction. Impingement sign is positive. The treater is requesting 3 times 4 physical therapy for the right upper extremity and Medrox ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Therapy 3x 4 right upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with right wrist, right elbow, and right shoulder pain. The treater is requesting 12 physical therapy sessions for the right upper extremity. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuralgia-type symptoms 9 to 10 visits over 8 weeks. Utilization review dated 10/07/2013 modified certification from 12 sessions to 6 sessions. A review of medical record show this patient received 6 physical therapy sessions to the upper extremities dating from 04/29/2013 to 05/10/2013. The requested 12 additional sessions exceeds what is recommended by MTUS Guidelines. Therefore, recommendation is for denial

**Medrox ointment for right extremity:** 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 Page(s): 111. Decision based on Non-MTUS Citation Drugs.com

**Decision rationale:** This patient presents with right wrist, right elbow, and right shoulder pain. The treater is requesting Medrox ointment. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox ointment specifically. The MTUS Guidelines do discuss topical agents, page 111, which states it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. In addition, Drugs.com states Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7%, and capsaicin 0.050%. The MTUS Guidelines allows capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental, particularly at high doses. Medrox ointment contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Therefore, the entire compound ointment is not recommended.