

Case Number:	CM13-0048139		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2012
Decision Date:	05/15/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured on 2/16/2012. The diagnoses are right De Quervain's tenosynovitis, bilateral carpal tunnel syndrome and right epicondylitis. On 9/26/2013 [REDACTED] / [REDACTED] reported complaints of bilateral hands pain. The physical examination showed objective findings of bilateral decreased grip strength and decreased sensation along the median nerve distribution of the hands. The medications listed are topical Medrox ointment and Ketoprofen 75mg for pain and omeprazole for the prevention and treatment of NSAID induced gastritis. A Utilization Review determination was rendered on 10/11/2013 recommending non-certification of topical Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR REFILL PRESCRIPTION OF THE MEDROX PAIN RELIEF OINTMENT BID, DOS:9/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations could be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The record does not indicate that the patient have tried or failed these first line medications. The Medrox ointment preparation contains menthol 5%, capsaicin 0.375% and methyl salicylate 20%. The guideline stipulated that topical medications should be tried and evaluated individually for efficacy. Compound creams that contain any drug or drug class that have no FDA approved use in topical preparations are not recommended. Medrox ointment contains menthol that does not have an FDA approved indication for use.