MAXIMUS Federal Services

| Case Number: | CM13-0052674 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 05/08/2009 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

## 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, Pain Management and is licensed to practice in 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 reported an injury on 08/24/2009. The mechanism of injury was not provided. The examination on 09/18/2013 revealed the patient had right elbow pain of a 7/10. The patient had pain radiating into the right hand with associated weakness. It was indicated the patient was utilizing patches and topical creams for pain. The patient had decreased range of motion of the right elbow in flexion and extension. The patient had decreased grip strength when compared to the left. The patient had a positive Tinel's and elbow flexion test on the right. The diagnoses included elbow lateral epicondylitis and right cubital tunnel syndrome. The request was made for topical creams, Theramine, Medrox patches, and a right cubital tunnel release surgery, right medial epicondylar release surgery, and postoperative therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCHES ONE MONTH SUPPLY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28,105,111.

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary. The clinical documentation submitted for review failed to indicate the patient had trialed and failed antidepressants and anticonvulsants. It was indicated the patient had been taking Medrox patches; however, the duration was not provided. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Medrox Patches One Month Supply is not medically necessary.