

Case Number:	CM13-0055823		
Date Assigned:	12/30/2013	Date of Injury:	12/31/2012
Decision Date:	05/07/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 is a 49 year old female with an injury date on 12/31/13. Based on the 07/17/13 progress report provided by [REDACTED], the patient's diagnosis include cervical and lumbar spine musculoligamentous sprain/strain with radiculitis, abdominal pain, left shoulder strain/sprain and periscapular tendinosis, bilateral wrist strain/sprain and chronic overuse syndrome, left wrist carpal tunnel syndrome, bilateral wrist ulnar nerve entrapment, bilateral knee and ankle sprain/strain, and sleep disturbance. [REDACTED] has a retrospective request for Medrox patches #60 (date of service: 02/28/13). [REDACTED] is the requesting provider and provided treatment reports from 01/16/13- 11/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDROX PATCHES #60 WITH A DATE OF SERVICE OF 2/28/2013: 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 rationale: According to [REDACTED] 07/17/13 progress report, the patient presents with cervical and lumbar spine musculoligamentous sprain/strain with radiculitis, abdominal pain, left shoulder strain/sprain and periscapular tendinosis, bilateral wrist strain/sprain and chronic overuse syndrome, left wrist carpal tunnel syndrome, bilateral wrist ulnar nerve entrapment, bilateral knee and ankle sprain/strain, and sleep disturbance. The retrospective request is for Medrox Patches #60 with a date of service of 02/28/13. MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the component is not recommended, then entire component is not recommended. Along with capsaicin, Medrox patch also contains salicylate, which is a topical NSAID. Topical NSAID is indicated for peripheral arthritic and tendinitis pain per MTUS Guidelines. This patient does present with knee and ankle sprain but the treater does not state for what condition this patch is being used. Furthermore, Medrox contains Capsaicin at 0.0375% and MTUS does not support concentration greater than 0.0225%. Recommendation is for denial.