MAXIMUS Federal Services

Case Number:	CM13-0069133		
Date Assigned:	01/03/2014	Date of Injury:	01/10/2012
Decision Date:	04/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 01/10/2012. The patient's medications, as of July 2012, included omeprazole and Medrox. The documentation of 11/12/2013 revealed that the patient's symptoms had worsened. The patient's right lateral and medial elbow were tender to palpation, and there was a positive Tinel's at the elbow. The examination of the right wrist revealed that the 1st carpometacarpal was tender to palpation. The patient had a positive Tinel's and Phalen's sign. The patient's grip strength was reduced, and sensation was reduced in the right wrist. The diagnoses included right lateral and medial epicondylitis with ulnar neuropathy at the elbow, right wrist sprain, bilateral moderate carpal tunnel syndrome, right wrist internal derangement and anxiety reaction. The request was made for a TENS unit and refills of the patient's medications, including ketoprofen, omeprazole, Medrox pain relief ointment and capsaicin 0.1% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors as treatment for dyspepsia secondary to nonsteroidal anti-inflammatory drug (NSAID) therapy. The clinical documentation submitted for review indicated that the patient had been taking the medication since 2012. There was a lack of documentation of the efficacy of the medication. Therefore, the requested Omeprazole is not medically necessary at this time.

MEDROX PAIN RELIEF OINTMENT: 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 and 111. Decision based on Non-MTUS Citation Medrox Online Package Insert

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The Guidelines state that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Capsaicin is 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. The clinical documentation submitted for review failed to indicate that the patient had neuropathic pain and failed to indicate that trials of antidepressants and anticonvulsants had failed. Additionally, there was a lack of documentation indicating the necessity for 2 topical drugs with the ingredient of capsaicin. The clinical documentation submitted for review failed to indicate the duration of use for this medication. However, it was noted to be a refill that was requested. Therefore, the requested Medrox pain relief ointment is not medically necessary or appropriate.

CAPSAICIN 0.1% CREAM: 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 and 111.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The Guidelines state that they are primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. Capsaicin is 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. The clinical documentation submitted for review failed to indicate the duration of use for this medication. However, it was noted to be a refill that was requested. There was a lack of documentation indicating that the patient had tried and failed antidepressants and anticonvulsants and had neuropathic pain. Therefore, the requested Capsaicin 0.1% cream is not medically necessary or appropriate.