

Case Number:	CM13-0070186		
Date Assigned:	01/08/2014	Date of Injury:	06/24/2010
Decision Date:	07/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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, and is licensed to practice in Minnesota. 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 injured worker is a 39-year-old female who reported an injury on 06/24/2010. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 02/21/2013, the injured worker complained of occasional neck pain. She complained of right shoulder pain radiating to her neck. The injured worker reported constant right fifth finger pain with numbness and tingling in her hand. The injured worker reported pain is aggravated with overhead work, upward/downward gazing, and prolonged sitting. Upon the physical exam, the provider noted moderate spasms on the left paracervical and trapezius area, tenderness over the paracervical and trapezius area. The provider noted neck range of motion demonstrated flexion at 80 degrees and extension at 50 degrees. Deep tendon reflexes were 2+, upper extremity motor strength was 5/5. The provider documented a negative Phalen's and Tinel's test on the right and left hand. The diagnosis included chronic cervical myofascial sprain/strain and osteoarthritis, right arm, secondary to chronic instability. The injured worker had received cortisone injection in her right hand with temporary relief. The provider requested Medrox ointment, #120, for date of service 07/16/2012. However, a rationale was not provided in the clinical documentation submitted. The Request for Authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX OINTMENT, 120, (DOS: 7/16/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The request for Medrox ointment, #120, date of service 07/16/2012, is not medically necessary. The injured worker complained of occasional neck pain, constant right shoulder pain radiating to her neck, constant right fifth finger pain with numbness and tingling in her hand. Medrox contains Methyl salicylate 20.00%, menthol 5.00%, Capsaicin 0.0375%. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. Capsaicin is generally available as a 0.025% formulation for treatment of osteoarthritis. 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, the injured worker has been utilizing the medication since at least 10/2012, which exceeds the guideline recommendation for short-term use of 4 to 12 weeks. Additionally, the request submitted failed to provide the frequency of the medication and the site to which the medication is to be applied. Therefore, the request for Medrox ointment #120, date of service 07/16/2012, is not medically necessary.