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| <b>Case Number:</b>   | CM13-0072724 |                              |            |
| <b>Date Assigned:</b> | 01/17/2014   | <b>Date of Injury:</b>       | 05/08/2009 |
| <b>Decision Date:</b> | 06/06/2014   | <b>UR Denial Date:</b>       | 12/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2013 |

### 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 Occupational Medicine 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:

Treatment to date has included Vicodin 5/500mg, Medrox, Omeprazole, Tramadol, Ativan, Vitamins and anti-depressants which were prescribed since at least April 2013. She underwent hand therapy which did not afford relief, chiropractic and manipulation sessions, acupuncture, home exercise program and cortisone injection of the wrist on 11/2012. Medical records from 2012 to 2013 were reviewed which revealed continuous cervical muscle spasm, and bilateral thumb pain which is aggravated by any repetitive gripping or grasping. She also complains of right knee pain that is exacerbated with weight bearing activities. Physical examination showed positive Spurling's test on the right, negative on the left. There was palpable tenderness in the acromioclavicular joint on the right. She has full range of motion of bilateral shoulders with flexion. Internal rotation goes to 45 degrees on the right and 40 degrees on the left. She has positive proximal's test bilaterally, positive Neer's test bilaterally, 4/5 on the left for supraspinatus strength test. Radiographic study of the cervical spine showed normal lordotic curve. No fractures seen. Lumbar spine, right shoulder, right and left wrist, right hand and left hand x-ray and right knee xray showed normal results. Ultrasound of the bilateral shoulders, knees and wrists done on July 3, 2013 showed evidence of internal derangement in the left knee, right knee has a detachment of the right medial meniscus from its marginal joint attachment zone, shoulders are normal. The mild fusiform enlargement of the median nerves at the wrists might indicate a very mild bilateral carpal tunnel syndrome to account for the pins and needles in some fingers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 PRESCRIPTION OF VICODIN 5/500MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin Section, Page(s): 91.

**Decision rationale:** As stated on page 91 of CA MTUS Chronic Pain Treatment Guidelines, Vicodin is a combination of hydrocodone and acetaminophen. Guidelines do not recommend long term use of opioids and continued use without documented evidence of objective and functional improvement. In this case, the patient has been taking Vicodin since at least April 2013. Medical records submitted and reviewed do not provide evidence of objective or functional improvement associated with its use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Vicodin 5/500mg #60 is not medically necessary.

## **1 PRESCRIPTION OF MEDROX CR 60GM #1: Upheld**

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

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

**Decision rationale:** Medrox ointment is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. Topical salicylate is significantly better than placebo in chronic pain. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. 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. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. Furthermore, as stated in page 111 of Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, patient has started using Medrox as early as April 2013 for chronic pain. However, guidelines do not recommend a compounded drug if at least one drug or drug class in the compound is not recommended. Therefore, the request for Medrox CR 60 gm #1 is not medically necessary.