

Case Number:	CM14-0000722		
Date Assigned:	01/17/2014	Date of Injury:	11/06/2009
Decision Date:	08/01/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurology has a subspecialty in Neuromuscular 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:

The patient is a 63 old woman who sustained a work related injury on November 6 2009. Subsequently, she developed left shoulder and upper extremity pain. She underwent a left carpal tunnel release surgery on October 11 2013. Previously, the patient underwent at least 3 left shoulder intra-articular injection with satisfactory response. According to a progress note dated on January 7 2014, the patient was complaining left arm and shoulder pain and sensitivity in the incision region of carpal tunnel release. Her physical examination demonstrated mild limitation of the left shoulder range of motion, positive pain with impingement maneuver, limitation of finger flexion and limitation of range of motion of the wrist. There is a sensitivity on the pressure of carpal tunnel incision location. The patient underwent 4 post-surgical physical therapy visits. The provider requested authorization for Medrox lotion prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox lotion (2 bottles with no refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, based on the above Medrox lotion is not medically necessary.