

Case Number:	CM14-0015025		
Date Assigned:	02/28/2014	Date of Injury:	09/22/2010
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 46 year old female injured on 09/22/10 as a result of cumulative trauma. The injured worker reported acute exacerbation on the date of injury when she suddenly felt an immediate onset of pain in her right shoulder, neck, and low back. Current diagnoses included right impingement syndrome, right bicipital tenosynovitis, right medial epicondylitis, and right ulnar nerve compression. The injured worker underwent right shoulder surgery in 2010 and 2012. Clinical documentation dated 01/27/14 indicated the injured worker presented with ongoing complaints of right shoulder pain rated 6-8/10 and right elbow pain rated 7-8/10 radiating to bilateral shoulders and elbows. The injured worker received cortisone injection to the left elbow in March of 2013 which she reported provided no pain relief. Physical examination revealed limited range of motion of the right shoulder, positive impingement, Neer, Hawkins-Kennedy, empty can supraspinatus, and Speed tests. Physical examination of the right elbow revealed tenderness to palpation over the right medial elbow with limited range of motion. Additional examination findings of the upper extremities revealed 4/5 muscle strength of the right upper extremity and deep tendon reflexes were within normal limits. Current medications included topical creams and patches to alleviate pain symptoms. Request to refill medications including Sentra PM, Theramine, Trepadone, Medrox patches, and topical creams was submitted. The initial request for topical creams and Medrox patches was initially non-certified on 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The components of the intended creams were not provided to enable review of the United States Federal Drug Administration approval status. Therefore the request for topical creams cannot be recommended as medically necessary.

MEDROX PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Topical analgesics, Page(s): 111.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Medrox patches are noted to contain capsaicin, lidocaine, menthol, and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for Medrox Patches cannot be recommended as medically necessary.