

Case Number:	CM14-0116604		
Date Assigned:	08/04/2014	Date of Injury:	10/07/2013
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 46-year-old male who was reportedly injured on 10/07/2013 with the mechanism of injury noted as moving a box of grapes as the box fell towards him. Magnetic resonance image of the right elbow performed on 12/19/2013 demonstrated mild to moderate common extensor tendinosis with a 6x4 millimeter interstitial tear along the anterior proximal fibers. There is no high-grade 1 strain of the flexor digitorum superficialis muscle with mild edema. Mild distal biceps and triceps interstitial tendinosis. The latest pain management follow up with a qualified medical examiner on 06/20/2014 noted pain as 5/10 to the mid back and right elbow with radiation to the right arm. The injured worker reported benefit from topical medications but unable to tolerate naproxen due to side effects such as headache. Examination of the right elbow demonstrates full range of motion, but painful tenderness over the medial and lateral epicondyle and positive Tinel's sign. Examination of the lumbar spine demonstrates full range of motion, tenderness, spasm and increased pain with piriformis stretching. Motor strength is 5/5 and symmetric throughout the upper and lower extremities except 2/5 on right grip strength, 3/5 on right elbow flexion and right elbow extension and 4/5 on right wrist flexion and extension. Sensation is intact with exception of the right ulnar distribution. Reflexes are 1+/4 and symmetric in the upper and lower extremities. Work status is modified duty. The request for Medrox patch and transcutaneous electrical nerve stimulation unit was denied in the prior utilization review on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch daily as needed #10, 5 patches per box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals, Capsaicin. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Salicylate topicals.

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox patch contain methyl salicylate "NSAIDs" which is recommended for short time (4-12 weeks) in cases of osteoarthritis, but is not recommended in neuropathic pain as there is no evidence to support use, and Capsaicin which is recommended only as an option in patients who have not responded or intolerant to other treatments. The medical records document the patient was diagnosed with chronic low back pain with radiculopathy, and bilateral carpal tunnel syndrome. In the absence of documented failure response or intolerance to treatment, and as this medication contains one compound that is not recommended for neuropathic pain, according to the guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the request is not medically necessary.

TENS Unit trial 30 days for low back and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: According to the CA MTUS guidelines, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. There is no documented neuropathic pain diagnosis to establish the need for the TENS unit in this case. Furthermore, it is not generally recommended in chronic back pain as there is strong evidence that TENS is not more effective than placebo or sham. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, therefore the request is not medically necessary and appropriate.