

Case Number:	CM14-0175082		
Date Assigned:	10/28/2014	Date of Injury:	03/11/2012
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 & 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 58-year-old male who reported a repetitive strain injury on 03/11/2012. The current diagnoses include cervical discopathy, right shoulder impingement syndrome with labral tear, left shoulder impingement syndrome, lumbar discopathy, bilateral carpal tunnel/double crush syndrome, clinical bilateral cubital tunnel syndrome, internal derangement of the bilateral knees, and bilateral plantar fasciitis. The injured worker was evaluated on 06/04/2013 with complaints of persistent shoulder pain with activity limitation. The injured worker also reported neck pain with weakness in the right upper extremity. Physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles, spasm, positive axial loading compression test and Spurling's maneuver, painful and restricted cervical range of motion, dysesthesia in the right C5 to C7 dermatomes, weakness of the right upper extremity, tenderness at the bilateral shoulders, positive impingement and Hawkin's sign, pain with terminal range of motion, positive Tinel's sign at the bilateral elbows, dysesthesia in the ulnar 2 digits, pain with terminal flexion of the bilateral wrists, weak grip strength, positive Tinel's and Phalen's signs, limited lumbar range of motion, tenderness from the mid to the distal lumbar segments, positive seated nerve root test, dysesthesia at the L5-S1 dermatomes, tenderness at the bilateral knee joint lines, positive McMurray's sign, positive patellar compression test, pain with terminal flexion, and signs and symptoms consistent with plantar fasciitis bilaterally. The patient was then issued a prescription for tramadol ER 150 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Medrox rub (Dates of service 4/23/13, 11/13/12, and 8/21/12): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of a failure to respond to first line oral medications prior to the initiation of a topical analgesic. There was also no strength, frequency, or quantity listed in the request. As such, the request is not medically appropriate.

RETROSPECTIVE Terocin patch (Date of service: 12/17/13): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of a failure to respond to first line oral medications prior to the initiation of a topical analgesic. There was also no strength, frequency, or quantity listed in the request. As such, the request is not medically appropriate.