

Case Number:	CM14-0023424		
Date Assigned:	05/12/2014	Date of Injury:	12/27/2012
Decision Date:	07/10/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 59-year-old female who reported an injury on 12/27/2012. The mechanism of injury was not provided in the documentation. The patient reported exacerbation of sharp pain in the forearm, wrist, and hand bilaterally with tingling, cramping, and significant reduction of functional capacity. The injured worker also noted significant hypersensitivity to touch and/or pressure over the forearms and hands. The injured worker indicated therapeutic exercise and activity modifications did not seem to induce any meaningful improvement in functional capacity or alleviation of pain. On physical examination, the injured worker was noted to have sensory changes, vasomotor changes, sudomotor/edema changes, and motor/trophic changes. There was evidence of motor dysfunction with signs of dystonia in the forearm musculature. The injured worker was noted to have mild swelling of the hands and fingers to the bilateral hands. Adson's and Wright's tests were positive bilaterally, Tinel's test was positive over the right radial nerve, more so than the right median nerve, and Tinel's test over the left median nerve was mildly positive. Diagnoses reported for the injured worker included complex regional pain syndrome, wrist polytenosynovitis, De Quervain's disease, and lateral and medial epicondylitis. The Request for Authorization for Medical Treatment for Medroxyprogesterone acetate patches and flurbiprofen gel was not provided in the documentation. The provider's rationale for the requested Medroxyprogesterone acetate patches and flurbiprofen gel were not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 111-112.

Decision rationale: Medrox is a compound containing methyl salicylate, menthol, and capsaicin. Per the CA MTUS Guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. Topical salicylate is recommended as it is significantly better than placebo in chronic pain. There was a lack of documentation regarding other medications utilized and the efficacy of those medications. There was a lack of documentation regarding the intended use of this medication, including the site of application as well as dosage information and the efficacy of the medication as evidenced by significant objective functional improvement. In addition, there was a lack of documentation regarding a diagnosis that would warrant the use of topical capsaicin such as fibromyalgia, osteoarthritis or chronic low back pain. There was a lack of documentation indicating the injured worker was intolerant of or was not responding to other treatments. Therefore, the request for Medrox Patches #30 is not medically necessary and appropriate.

FLURIBPROFEN 20% GEL 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 111-112.

Decision rationale: Per CA MTUS guidelines topical analgesics are recommended as an option as indicated below. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines do not recommend topical NSAID's for neuropathic pain as there is no evidence to support use. There was a lack of documentation regarding the intended use of this medication, including the site and dosing information, as well as the efficacy of the medication as evidenced by significant objective functional improvement with the medication. In addition, there was a lack of documentation

regarding a diagnosis of osteoarthritis for which topical NSAID's are recommended. Therefore, the request for Flurbiprofen 20% gel 120gm is not medically necessary and appropriate.