

Case Number:	CM13-0004310		
Date Assigned:	10/01/2014	Date of Injury:	07/10/2001
Decision Date:	01/07/2015	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/29/2013

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 77 year-old male who has a history of a cumulative trauma work injury with a date of injury of 07/10/01 while working as a truck driver. He had injuries to both hands and wrists, and loss of hearing. He was seen on 06/04/13. Prior treatments had included bilateral carpal tunnel release surgery in 2002 with recurrence of carpal tunnel syndrome. He was having right greater than left wrist and hand pain as well as hand numbness. Physical examination findings included decreased right upper extremity sensation. He was noted to ambulate with a walker. There was positive right Tinel and Phalen testing. Tylenol number 3 #45, Naprosyn 550 mg two times per day, Medrox three times per day, and Omeprazole 20 mg 1-2 times per day was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment 120 GM: Overturned

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

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

Decision rationale: Medrox is a combination of methyl salicylate, menthol, and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the injured worker has localized pain including neuropathic pain amenable to topical treatment. He is using Medrox with benefit and without reported adverse side effects. Therefore, the requested medication is medically necessary.