MAXIMUS Federal Services

Case Number:	CM15-0001129		
Date Assigned:	01/12/2015	Date of Injury:	06/22/2011
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported an injury on 06/22/2011 due to cumulative trauma. The clinical note dated 01/24/2013 noted that the injured worker had complaints of neck, left shoulder and bilateral wrist pain. Per NCV and EMG that were performed by a previous doctor revealed bilateral carpal tunnel syndrome. Medications included omeprazole, hydrocodone and naproxen. Upon examination, there was tenderness to palpation and pain with radial deviation over the bilateral wrists. There was 3/5 strength noted to the right versus 5/5 grip strength to the left. There was a positive Tinel's sign over the antecubital fossa. There was pain with resisted flexion and supination of the elbow. There was a positive Tinel's sign over the ulnar nerve. There was pain with resisted pronation and supination of the forearm. There was a positive Tinel's test over the radial nerve at the level of the supinator. Intact sensation to pinprick and light touch. Diagnoses were carpal tunnel syndrome bilaterally, cervical sprain/strain and left shoulder tendinitis. The treatment plan included topical analgesics. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Medrox Patch quantity 30 (DOS 3/12/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105.

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

Decision rationale: The request for retrospective Medrox patch quantity 30, date of service 03/12/2013, is not medically necessary. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics and antidepressants. There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker had tried and failed an antidepressants or anticonvulsants. Additionally, there is lack of documentation of the efficacy of the prior use of the medication to support continued use. There is more research need to support the use of many of these agents that are comprised in the Medrox patch. As such, medical necessity has not been established.