

Case Number:	CM15-0007426		
Date Assigned:	01/22/2015	Date of Injury:	01/05/2010
Decision Date:	04/07/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44-year-old woman sustained an industrial injury on 1/5/2010. The mechanism of injury is not detailed. Current diagnoses include cubital tunnel syndrome, epicondylitis, and hand pain. Treatment has included oral medications and cortisone injection. Physician notes dated 12/29/2014 show complaints of left upper extremity pain. Recommendations include refilling the medications in dispute. There is acknowledgement that these medications have been denied, however, there is no rationale included for the use of the Omeprazole. Rather, it just includes the correction that the worker is taking Omeprazole as opposed to Nexium. On 1/5/2015, Utilization Review evaluated prescriptions for Medrox patch #30 with no refills and Omeprazole 20 mg #60 with no refills, that were submitted on 1/13/2015. The UR physician noted the following: regarding the Medrox, Capsaicin is an ingredient in the Medrox compound and is not recommended for topical application. Further, there is no clear rationale for this medication. Regarding the Omeprazole, there is no indication that the worker is experiencing gastric symptoms while utilizing the current prescribed regimen. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch #30 (no refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Capsaicin topical; topical analgesics Page(s): 105 & 28 & 111-113.

Decision rationale: Medrox patch #30 (no refills) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Medrox Patch consists of Methyl Salicylate 5%; Menthol 5%; Capsaicin 0.0375%. Per MTUS guidelines Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are no studies of a 0.0375% formulation of capsaicin and this exceeds guideline recommendations, therefore the Medrox patch is not medically necessary. Per guidelines salicylate topicals including methyl salicylate and menthol are recommended however the patch formulation of both of these formulations in combination with Capsaicin are not specifically mentioned in the MTUS. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate intolerance to other treatments and the MTUS does not support a 0.0375% of Capsaicin therefore the Medrox Patch is not medically necessary.