

Case Number:	CM15-0133824		
Date Assigned:	07/22/2015	Date of Injury:	12/27/2012
Decision Date:	08/18/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

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

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 60 year old female sustained an industrial injury to the neck and bilateral wrists and hands on 12/27/12. Magnetic resonance imaging cervical spine (7/16/14) showed mild multilevel disc protrusion with diminishment of the disc at C5-6 and partial dehydration of the disc at C6-7. Previous treatment included physical therapy, home exercise and medications. In a PR-2 dated 5/12/15, the injured worker complained of neck pain rated 6-7/10, mild bilateral hand and wrist pain rated 3/10 and constant headaches rated 5/10. The injured worker also complained of gastroesophageal reflux symptoms and insomnia. The injured worker was currently using Medrox lotion for pain relief. Physical exam was remarkable for cervical spine with decreased range of motion, positive right Spurling's test, 4/5 right deltoid strength and slight sensory deficit at the C5 distribution. Current diagnoses included cervical spine sprain/strain, bilateral wrist degenerative changes with mild carpal with cyst, left second and fourth compartment tenosynovitis, right carpal tunnel syndrome, right first compartmental tenosynovitis with positive Finkelstein's test, right index proximal interphalangeal joint volar plate injury, insomnia and gastroesophageal reflux disease. The treatment plan included continuing home exercise, requesting a cervical traction unit, an internal medicine evaluation, a sleep study and a prescription for Medrox lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox lotion, unspecified quantity: Upheld

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: The claimant has a cumulative trauma work injury with date of injury in December 2012. She continues to be treated for neck and bilateral wrist and hand pain and headaches. She has symptoms of gastroesophageal reflux disease and has insomnia. When seen, pain was rated at 3-7/10. There was decreased cervical spine range of motion with positive right Spurling's testing and decreased right upper extremity strength and sensation. Medrox lotion was refilled. 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 claimant had a history of gastroesophageal reflux. However, topical NSAIDs have a better safety profile than oral NSAIDs. Adverse effects secondary to topical NSAID use occur in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. The claimant has not had a trial of topical diclofenac and there are other single component topical treatments that could be considered. Medrox is not medically necessary.