

Case Number:	CM15-0184538		
Date Assigned:	09/25/2015	Date of Injury:	05/27/2015
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/19/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 55 year old female who sustained an industrial injury on 05-27-2015. According to a progress report dated 07-07-2015, she had sustained a second-degree burn to the left arm. The site had become infected and she was prescribed Bacitracin and Norco by the Emergency Department. Currently she reported pain in the left forearm with numbness at times in the left 5th digit. She noted deep burning sensation around the burn site. Current pain level was rated 7 on a scale of 0-10. She reported that the impact of the pain had been significant on her physical and emotional life and impaired her ability to perform household chores, walk, and run or play sports. It also had a negative impact on her sleep. She was currently taking no medications. Physical examination demonstrated a straight 2 inch long healed burn site located at the biceps with mild hyperpigmentation and an identical burn site noted at the left forearm more erythematous but healed. No signs of infection were noted. Assessment included burn erythema of forearm, neuralgia, hand pain and ulnar neuropathy. The treatment plan included Gabapentin, Medrox patches and electromyography. According to a progress report dated 08-04-2015, current pain was rated 7. The provider noted that the injured worker had failed Medrox patches trial and was being started on Dendracin. On 08-25-2015, Utilization Review non-certified the request for Medrox patches (strength and quantity not specified) and authorized the request for Gabapentin 600 mg and electrodiagnostic studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches (strength and quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Medrox patches contain topical menthol, capsaicin, and salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics & Topical analgesics, compounded." In this case, topical capsaicin is not supported for topical use per guidelines. Additionally, the request does not specify strength or quantity requested. As such, the request for Medrox patches (strength and quantity not specified) is not medically necessary.