

Case Number:	CM15-0042931		
Date Assigned:	03/24/2015	Date of Injury:	05/11/2011
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/06/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 30 year old female, who sustained an industrial injury on May 11, 2011. She has reported left wrist pain, left thumb pain, and right ankle pain. Diagnoses have included left carpal tunnel syndrome, left thumb strain/sprain, left lateral epicondylitis, possible left thumb ulnar collateral ligament tear, left avulsion (wrist and thumb), radial styloid tenosynovitis, anxiety, depression, and sleep disorder. Treatment to date has included medications, chiropractic care, acupuncture, hand splint, and imaging studies. A progress note dated January 7, 2015 indicates a chief complaint of left wrist pain and right ankle pain. The treating physician documented a plan of care that included medications, pending psychiatric consultation secondary to anxiety and weight loss, pending psychological evaluation regarding sleep disorder secondary to pain and weight loss, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription Medrox patches 1 month supply (2 refills): 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medox ointment contains capsaicin and menthol and are not recommended by MTUS. Based on the above One (1) prescription Medrox patches 1 month supply (2 refills) is not medically necessary