

Case Number:	CM15-0047021		
Date Assigned:	03/19/2015	Date of Injury:	07/23/2012
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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

Certification(s)/Specialty: Family Practice

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 57-year-old female, who sustained an industrial injury on 7/23/2012. She reported repetitive duties causing injury to the both hands. The injured worker was diagnosed as carpal tunnel syndrome with bilateral carpal tunnel release. Treatment to date has included surgery, medication, physical therapy and bracing. Currently, the injured worker complains of bilateral hand/wrist pain. In a progress note dated July 16, 2014, the treating physician is requesting medication patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 110-112, 104. Decision based on Non-MTUS Citation <http://physiciandispensingsolutions.com/Medrox.html>.

Decision rationale: Medrox contains Methyl Salicylate, Menthol and Capsaicin. According to the MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that the injured worker has not responded or is intolerant to other treatments. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Medrox Patches is not medically necessary.