MAXIMUS Federal Services

Case Number:	CM13-0002752		
Date Assigned:	12/11/2013	Date of Injury:	01/18/2012
Decision Date:	02/05/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 applicant is a represented [redacted] employee who has filed a claim for chronic regional pain syndrome of the upper limb reportedly associated with an industrial injury of January 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; and extensive periods of time off of work. In a Utilization Review Report of July 16, 2013, the claims administrator denied a request for topical compound, stating that the compound in question contains ketamine. The applicant's attorney later appealed. In a progress note of July 11, 2013, the attending provider notes that the applicant is on oral Lortab and was formerly on oral Dendracin. Dendracin was apparently denied. The applicant remains off of work, on total temporary disability, it is stated. She is therefore given a prescription for Medi-patches. It is stated that these patches contain methyl salicylate, benzocaine, menthol, and capsaicin. It is stated that the applicant would like to limit her consumption of Lortab.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medi-patches: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Contrary to what was suggested by the prior utilization reviewer, the Medi-patches are, per the National Library of Medicine (NLM), an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. In this case, however, one of the ingredients, lidocaine, carries an unfavorable recommendation here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended for localized peripheral pain or neuropathic pain after there has been a trial of first-line antidepressants and/or anticonvulsants. In this case, however, there has been no documented trial of first-line antidepressants and/or anticonvulsants. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.