

Case Number:	CM14-0167801		
Date Assigned:	10/15/2014	Date of Injury:	04/02/2011
Decision Date:	11/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/11/2014

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. The expert 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 04/02/11. A Medrol dosepak and enrollment in a pain program are under review. The claimant was evaluated on 09/11/14. She injured her right hand and forearm while working as a fabric cutter/seamstress. She has attended acupuncture which helped temporarily. She was also diagnosed with right CTS (carpal tunnel syndrome) via electrodiagnostic studies. She was status post right wrist surgery and was recovering well. She attended postop OT. She was using Voltaren gel, hydrocodone, Lidoderm patches, and ketoprofen with good effect. Her right hand still swelled occasionally and was painful. A change of work was recommended. She was using a wrist support. Her pain was worse with work but she continued to work. She was doing home exercises. Her diagnoses include DeQuervain's disease and lateral and medial epicondylitis with right brachioradialis tendinitis. She was advised to continue her home exercises. She received refills of her medications. On 03/18/14, she was doing home exercises. She had reached maximum medical improvement. On 05/12/14, there is a supplemental AME (agreed medical evaluation) report. There were signs of psychological distress. She has tried a number of anti-inflammatory medications. On 09/11/14, she states she was still working with restrictions. She was using topical and oral medications. She was very depressed and was doing full-time work and it was aggravating her symptoms. Her diagnoses remain the same. She was advised to continue home exercises. Medrox patches were recommended along with an interdisciplinary program for medication optimization and physical rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: The history and documentation do not objectively support the request for Medrox patch #30. It is not clear where they are being applied. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant has used other topical medications, also and the results are unclear, in particular a lack of effect. She received refills of her other medications, also, with no documentation of intolerance or lack of effectiveness. The medical necessity of this request for the topical agent Medrox patch has not been clearly demonstrated.