

Case Number:	CM13-0007177		
Date Assigned:	09/03/2014	Date of Injury:	03/31/2013
Decision Date:	04/08/2015	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

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: Physical Medicine & Rehabilitation

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 March 31, 2013. She has reported due to holding a phone, normal handset, holding the phone between her ear and shoulder for prolonged period of time while typing on the computer causes a significant increase of pain in her neck and right shoulder. The diagnoses have included cervical Discopathy, lumbar Discopathy, status post-surgery for scoliosis, rule out internal derangement right shoulder, rule out internal derangement right hip and double crush/carpal tunnel syndrome. Treatment to date has included electrodiagnostic studies of the upper extremity, X-rays were obtained of the right shoulder, and the cervical and lumbar spine and urine specimen. Currently, the injured worker complains of neck, back right shoulder, right upper extremity, right hip and leg. In a progress note dated June 18, 2013, the treating provider reports examination of the lumbar spine, right shoulder, right upper extremity, right hip and right leg revealed abnormal findings. On July 22, 2013 Utilization Review non-certified a Medrox patches quantity 30, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES #30 (DOS: 6/25/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic capsaicin Page(s): 111-113, 28-29. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=55285>.

Decision rationale: The patient presents with pain and weakness in multiple body parts including her neck, right shoulder, lower back, right hip and legs. The request is for MEDROX PATCHES #30 DOS 06/25/13. The patient is currently taking Mexzide, Beta blockers, stool softner, Benadry, Tramadol, Ondanestron, Omeprazole, Norco, Triamcinolon acetanide cream and Desonide cream. According to <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=55285>, Medrox patch contains Methyl Salicylate 20.00%, Menthol 5.00% and Capsaicin 0.0375%. MTUS guidelines page 28 and 29 further states that "there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy." MTUS Guidelines pages 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, MTUS Guidelines allow capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental, particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, the entire compounded cream is not supported. The requested Medrox patch IS NOT medically necessary.