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| Case Number: | CM14-0214357 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 10/22/2010 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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. 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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 patient is a 52-year-old female who was injured on October 22, 2010. The patient continued to experience pain in right shoulder and bilateral elbows. Physical examination was notable for tenderness to palpation of the right shoulder, right arm, bilateral elbows, bilateral forearms, bilateral wrists, and bilateral hands. Diagnoses included right shoulder rotator cuff tear, bilateral elbow lateral epicondylitis, bilateral carpal tunnel syndrome, and bilateral overuse syndrome. Treatment included physical therapy, surgery, and medications. The patient underwent arthroscopic subacromial decompression and partial excision for the right distal clavicle on August 25, 2014. Requests for authorization for Medrox patches 2 boxes and transportation to and from all medical appointments were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Medrox Patches #2 boxes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information; Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: Medrox patch is a topical analgesic containing methyl salicylate, menthol, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is not documentation that this patient has been treated with either of those classes of medications. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Menthol is a topical skin product available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methyl salicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Medrol is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. It is not recommended in this case. This compounded drug is not recommended. It contains two drugs that are not recommended. Therefore, this request is not medically necessary.

Unknown transportation to and from all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (to & from appointments)

Decision rationale: According to the guidelines, Transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. In this case there is no documentation that the patient has difficulty with mobility. The patient does not need a nursing home level of care. Transportation back and forth to appointments is not indicated. Therefore, this request is not medically necessary.