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| Case Number: | CM13-0043322 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/31/1995 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 09/24/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

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. The expert reviewer is Board Certified in Neurology, 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 Injured Worker (IW) is a 52 year-old female with a reported date of injury as 3/31/1995. The records reviewed do not state the mechanism of injury. The IW is being treated by three separate physicians: one for right upper extremity complaints, one for neck and back complaints, and one for headache pain. The most recent physical examination, dated 10/2/2014 indicates that the IW complains of on-going neck and back pain described as 5 on a pain scale of 1 to 10. Pain complaints are in the neck and right shoulder which radiate from the neck to the right elbow. The IW also complains of difficulty walking due to low back pain which radiates to bilateral lower extremities with numbness noted on the right. The Clinical findings are a decreased range of motion about the cervical spine, with tenderness and spasm. There is diminished sensation of the right C5, C6, C7 and C8 dermatomes. The motor examination reveals slightly diminished right wrist extension and flexion and triceps (noted as 4+/5). Lumbar range of motion is recorded as limited in all planes tested. An MRI of the cervical spine dated 11/28/2012 reveals degenerative disk disease and facet arthropathy with retrolisthesis at C4-5, mild to moderate canal stenosis at levels C3-C7, and neural foraminal narrowing at C5-6 and on the right at C6-7. It is reported that electrodiagnostic studies reveal mild residual slowing of the median nerve at the right carpal and some slowing of the median nerve at the left carpal tunnel. The IW is status post right cubital tunnel release (x2) with anterior transposition of the ulnar nerve; status post right ulnar nerve decompression at the wrist (x2); status post right wrist arthroscopy (x2) with debridement, synovectomy and triangular fibro cartilage complex (TFCC) repair; status post excision of right pisiform; status post open right TFCC repair with ulnar styloid nonunion repair; and status post excision of cyst from the right "EQD" tendon and right dorsal sensory branch of the ulnar nerve neuropraxia. The dates of surgeries are not specified. The IW has received 24 acupuncture treatments, physical therapy, and epidural steroid injections at C5-6 and C6-7. The

IW has a history of osteoporosis and hypertension. Medications to address the IW's neck and back complaints have included Ketoprofen, Nabumetone, Orphenadrine, Medrox patches and Terocin Patches. Propranolol is prescribed for headaches, and it is noted that Amlodipine is used to treat the IW's hypertension. The IW also uses Omeprazole. The physician treating headache complaints noted in treatment plans that the IW should limit use of the non-steroidal inflammatory drug (i.e., Ketoprofen) due to the cardiovascular risk associated with her hypertension. A request for Medrox patches was submitted by the physician treating the IW's neck and back complaints on 9/17/2013 and was subsequently non-certified in a Utilization review dated 9/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches #5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 112-113.

Decision rationale: MEDROX patch is a topical analgesic comprised of 20% methyl salicylate, 5% menthol and 0.0375% capsaicin. The MTUS states that topical capsaicin may be recommended when other treatments are ineffective or cannot be tolerated. Randomized studies have shown that topical capsaicin may be used in the treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is available in over-the-counter applications in a 0.025% formulary. There are no studies with 0.0375% capsaicin concentrations (such as that in MEDROX patches), and there is no indication that applications of such provide any greater efficacy over that of the generally available 0.025% formulations. As such, medical necessity for the requested prescription-only MEDROX patches cannot be established.