

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	6/17/2000
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010670

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Medrox patch #30 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Medrox patch #30 is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Pain Management 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The enrollee is a 53 year old female presenting with neck pain following work-related injuries occurring from October 1, 1996 to June 17, 2000 and specific injury on June 17, 2000. The enrollee describes the pain as constant, worsening and returning to baseline prior to surgery. The pain is further described as throbbing status sore and associated with muscle spasms, as well as headaches. The pain radiates to her shoulders, arms, and fingers. He really reports difficulty with gripping and grasping. The pain is also associated with numbness and tingling from the cervical spine down to the arms and hands. The enrollee reports that the right upper extremity pain is slightly worse than the left upper extremity pain. Prolonged sitting aggravates the pain. The release medications include gabapentin, naproxen, tizanidine, butalbital, hydrocodone, and carisoprodol. The enrollee has a spastic surgical history significant for left shoulder surgery on February 12, 2001 and February 26, 2002, cervical fusion at C4-C7 in 2007, right hand carpal tunnel release in October 2009, and left hand carpal tunnel release on November 20, 2009. X-ray of the cervical spine demonstrates previous fusion at C4-5 and C5-6, some degenerative changes above and below the area of the fusion and loss of normal lordotic curvature of the cervical spine. CT of the cervical spine demonstrates periods fusion at C5-6 and C4-5 as well as an element of foraminal bony stenosis on the right hand side at C4-5 and C5-6. Cervical MRI showed small central disc protrusion at the level below her fusion at C6-7. Physical exam is significant for limited range of motion of the cervical spine, 4-5 motor strength, and abnormal sensory at bilateral C6 and C7 dermatome. The enrollee was diagnosed with status post C5-C7 anterior cervical discectomy and fusion with retained symptomatic cervical spine hardware, status post arthroscopic subacromial decompression with repeat repair of left rotator cuff and repeat repair superior labrum with recurrent tearing at the left rotator cuff, and status post bilateral carpal tunnel releases. The provider recommended Medrox patch #30.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for Medrox patch #30:**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 111-112, which is part of the MTUS

##### Rationale for the Decision:

According to the MTUS Chronic Pain Guidelines, page 11, MTUS guidelines do not recommend “topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended”. Medrox is a compounded drug containing salicylate, capsaicin, and menthol. Per MTUS page 112, Capsaicin is indicated for fibromyalgia, osteoarthritis and non-specific back pain in patients who have not responded or are intolerant to other treatments. Only the formulations at 0.025% or 0.075% is recommended. The medical records do not indicate that the employee has fibromyalgia, osteoarthritis or nonspecific back pain. In regards to salicylate, which is an NSAID, MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that for the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The provider recommended Medrox for the employee’s pain associated with the post-surgical spine, shoulder and wrist. Therefore, Medrox is not indicated. **The request for Medrox patch #30 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.