

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:	7/23/2013
Date of Injury:	6/17/2000
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010674

- 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 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/25/2013. 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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and associated headaches reportedly associated with an industrial injury.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; right and left carpal tunnel release surgery; a C5 through C7 lumbar fusion; and the apparent imposition of permanent imposition of work restrictions that have resulted in the claimant's removal from the workplace.

In a utilization review decision of July 30, 2013, the claims administrator denied the request for topical compounded Medrox patch.

An earlier progress report of August 13, 2013 is notable for comments that the applicant reports chronic multifocal neck, wrist, and bilateral shoulder pain. An earlier note of July 16, 2013 implies that the applicant is using several oral pharmaceuticals, including Flexeril, Imitrex, and tramadol.

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
- 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, Pg. 68, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg. 47, and Chronic Pain Medical Treatment Guidelines, Section - 8 C.C.R. §§9792.20 – 9792.26, Pg. 111 of 127, which are part of MTUS.

Rationale for the Decision:

MTUS-adopted ACOEM guidelines in Chapter 3 states, oral pharmaceuticals are the most appropriate first-line palliative measure. In this case, there is no evidence of intolerance to and/or failure of oral pharmaceuticals so as to make a case for usage of topical agents and/or topical compounds such as Medrox, which per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines are “largely experimental” and per ACOEM Table 3-1 is “not recommended.” In this case, the employee is using numerous oral analgesic agents, including Flexeril, Tramadol, Imitrex, etc. There is no compelling need for usage of topical Medrox in this context. **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, 18th Floor
Oakland, CA 94612

/hs

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.