

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	12/8/2009
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010901

- 1) MAXIMUS Federal Services, Inc. has determined the request for topical Medrox TIID 120 GM to the cervical spine, bilateral wrists and left shoulder only **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/23/2013. 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 topical Medrox TIID 120 GM to the cervical spine, bilateral wrists and left shoulder only 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 Internal Medicine and Cardiology, has a subspecialty in Fellowship Trained in Cardiovascular Disease and is licensed to practice in Texas. 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 patient is a 52-year-old who reported an injury on 12/08/2009. The patient is reported to have been diagnosed with bilateral lateral epicondylitis, carpal tunnel syndrome, tendonitis, A1 pulley right thumb without triggering, neuritis of the ulnar nerve at the cubital tunnel bilaterally without cubital tunnel syndrome, and neuritis of the median nerve carpal tunnel without carpal tunnel syndrome. An electrodiagnostic procedure performed on 04/05/2013, signed by Dr. [REDACTED] reported an impression of moderate right carpal tunnel syndrome affecting the sensory and motor components. A clinical note dated 07/25/2013 reported the patient had been seen by Dr. [REDACTED] on 03/01/2013 for a hand surgery consult. The patient is noted to complain of left shoulder pain described as constant and moderate, reporting that the left arm feels numb and heavy and weak at times, affecting the patient's ADLs (activities of daily living). The patient reported tingling and numb sensation of the 2nd, 3rd, and 4th fingers intermittently through the day and at night and on awakening. The patient complained of left wrist pain on the ulnar side, which the patient rated 5/10 to 7/10 in severity and increasing pain in the left shoulder and arm. The patient is noted to have treated with wrist splints nightly, with chiropractic treatment and physical therapy, which the patient felt improved the range of motion to the spine and reported improved the patient's pain in the neck and shoulder blades. The patient reported topical medications were helping with pain of the left shoulder. The patient was noted to do stretching exercises daily at home and in the past the patient had completed 5 to 6 sessions of acupuncture without significant improvement.

On physical examination the patient is noted to have severe paraspinal muscle tenderness bilaterally, left greater than right, trigger points at the left more than the right, at the trapezius supraspinatus and infraspinatus the patient was noted to have 6

degrees of right laterocollis. Range of motion was 46 degrees, extension 17 degrees, lateral bending to the right was 50 degrees, and to the left was 25 degrees. Rotation to the right was 55 degrees and to the left was 45 degrees. The patient had left shoulder flexion of 168 degrees, extension 25 degrees, abduction of 170 degrees, adduction of 30 degrees, internal and external rotation were normal. Range of motion caused pain. The patient is noted to have a positive Tinel's sign over the left greater than right cubital tunnels, a positive Tinel's sign at the bilateral carpal tunnels. The patient is noted to have weakness of the left supraspinatus deltoid at 4/5 and dysesthesia of the right thenar eminence. The patient is noted to have been prescribed Medrox cream.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - XClaims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for topical Medrox TIID 120 GM to the cervical spine, bilateral wrists and left shoulder only:

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, pages 111 – 113, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 111 – 113, which is part of the MTUS.

Rationale for the Decision:

According to the the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The Medrox lotion is noted to contain methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines also state that topical non-steroidal anti-inflammatories are recommended for short-term treatment of osteoarthritis, tendonitis, or fibromyalgia, particularly in treatment of the knee or elbow or other joints that amiable for topical treatment for short-term use for 4 to 12 weeks. There is little evidence for utilizing topical analgesics for treatment of the spine, hip, or shoulder. The Chronic Pain Medical Treatment Guidelines further state that Capsaicin is recommended only as an option for employees who have not responded or are intolerant to other treatments and there are no studies to support the 0.0375% formulation of Capsaicin over the 0.025% formulation

noting that there is no indication that strength provides further efficacy. The Medrox cream contains methyl salicylate, and the employee appears to have been using the treatment for cervical and shoulder pain on a long-term, ongoing basis, which is not recommended. Medrox contains Capsaicin, and there is no documentation that the employee had not responded or was intolerant to other treatments and there is no indication for use of the 0.0375% formulation of capsaicin. **The request for topical Medrox TIID 120 gm to the cervical spine, bilateral wrists, and left shoulder is not medically necessary or 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

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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.