

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	10/20/1986
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010982

- 1) MAXIMUS Federal Services, Inc. has determined the request for **two prescriptions for Medrox ointment 120mg DOS 5/15/2013 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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **two prescriptions for Medrox ointment 120mg DOS 5/15/2013 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 Family 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:**

This injured worker is a 50 year old male whose original date of injury was 10/20/1986. He received syndics injections first and then underwent arthroscopic surgery on his right knee in July 2011. He continues to report chronic pain in his right knee, lower back, and his R foot. On exam he has lumbar spine tenderness and tenderness in anterior aspect of the right knee, plus tenderness with pressure on his patella. Examining the plantar aspect of his right foot brings on pain at the heel. Flexing the right foot triggers pain inferiorly. His medical diagnoses include Lumbar discopathy/radiculitis, right knee pain, s/p partial medial and lateral meniscectomy, chondroplasty and debridement, and right foot metatarsalgia/plantar fasciitis and morton's neuroma. He received naproxen in the past.

### **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 two prescriptions for Medrox ointment 120mg DOS 5/15/2013:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

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

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

Rationale for the Decision:

This employee has chronic musculoskeletal pain in the low back, right knee, and right foot. The employee's right knee pain was not relieved by arthroscopic surgery. The provider has requested approval for Medrox ointment, which is an over the counter (OTC) compound applied topically for musculoskeletal soreness. Medrox contains menthol (5%), capsaicin (0.0375%), and methyl salicylate (20%). The recent medical records from the Physician Assistant does not specify exactly where the ointment is to be applied.

Methyl salicylate is an NSAID. It is one of the components of Medrox. Medical evidence shows that NSAIDS in topical form are not medically indicated for chronic musculoskeletal pain, if they show benefit in the beginning of treatment, it does not last. Additionally, there is next to no evidence in the medical literature of any long term benefits.

A key issue in the MTUS Chronic Pain Guidelines for Chronic Pain Management is that with regards to topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended".

**The request for two prescriptions for Medrox ointment 120mg DOS 5/15/2013 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.