
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

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|---|---|------------------------------|------------|
| IMR Case Number: | CM13-0013455 | Date of Injury: | 03/30/2012 |
| Claims Number: | [REDACTED] | UR Denial Date: | 08/08/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |
| Employee Name: | [REDACTED] | | |
| Provider Name: | [REDACTED] | | |
| Treatment(s) in Dispute Listed on IMR Application: | "MEDROX 120GM OINTMENT, DOS 04/10/2012" | | |

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and Pain Medicine, and is licensed to practice in Florida. 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 physician 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.

DOCUMENTS REVIEWED

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, employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50-year-old male with a reported date of injury of 03/30/2012. Mechanism of injury was performing training with another deputy and during the training exercise he tripped and fell face first on his chin and chest. The other deputy fell and landed on this patient's back and neck. On 01/23/2013, MRI of the left shoulder was obtained demonstrating the patient to be status post anterior labral ligamentous reconstruction. On 02/19/2013, he was seen back in clinic and he limited range of motion his shoulder. At that time, continuation for physical therapy was recommended. Icing and anti-inflammatories were also recommended. He was not a candidate for repeat steroid injections due to adverse reaction. On 08/09/2013, the patient was taken back to surgery for a diagnostic arthroscopy, decompression, and acromioplasty with debridement, resection of the distal clavicle, debridement of the labrum, and lysis of adhesions. On 08/21/2013, he returned and was doing well and was using the CPM and was icing his shoulder. Physical therapy was recommended at that time. On 09/19/2013, request for authorization was submitted including Medrox, alprazolam, omeprazole, tramadol, Ondansetron, and Naprosyn.

IMR DECISION(S) AND RATIONALE(S)

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

1. Retrospective request for Medrox ointment 120gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

This request is for Medrox. Medrox is a combination of methyl salicylate, menthol, and capsaicin and may be used for temporary relief of minor aches and muscle discomfort. However, California MTUS, Chronic Pain Guidelines indicate this type of medication is "largely experimental in use with few randomized controlled trials to determine efficacy or safety."

Furthermore, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Specifically, this medication has capsaicin in it. Capsaicin, per MTUS, Chronic Pain Guidelines is recommended only as an option in patients who have not responded to or are intolerant to other treatments. MTUS, Chronic Pain Guidelines indicate this medication may be considered experimental in very high doses. The dosage of this medication is usually approximately 20% methyl salicylate to 5% menthol, and 0.0375% of capsaicin.

Specifically, California MTUS, Chronic Pain Guidelines indicate capsaicin is generally available as a 0.025% formulation as treatment for osteoarthritis and as a 0.075% formulation primarily studied for postherpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. California MTUS, Chronic Pain Guidelines, Page 112 indicate, "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy." The records do not indicate failure of lesser medications for which capsaicin would be recommended at any dose and particularly at this dosage. The submitted records do not indicate as of 08/21/2013 that this employee had pain. Pain scale was not objectively documented on that progress note. **The request for retrospective Medrox ointment 120gm is not medically necessary and appropriate.**

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.

[REDACTED]

CM13-0013455