

Independent Medical Review Final Determination Letter

1510

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

Dated: 12/17/2013

IMR Case Number:	CM13-0019572	Date of Injury:	09/20/2010
Claims Number:	[REDACTED]	UR Denial Date:	07/29/2013
Priority:	STANDARD	Application Received:	09/03/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
MEDROX PATCH #30 (DOS: 06/17/13)			

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 Family Medicine 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 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
- 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 57 year old injured worker's date of injury is 9/20/10. He has chronic left shoulder pain. He underwent a left shoulder arthroscopic exam on 5/18/12. He had surgery on left arm. The procedures were a left cubital tunnel release and an anterior ulnar nerve transposition with a carpal tunnel release. He had physical therapy afterwards. In his report dated June 21, 2013, Dr. [REDACTED] documented the patient's positive Tinnel's and Phalen's signs, the tenderness on palpation of the lumbar paravertebral muscles, the lateral hip pain, the tenderness of the knees at the joint lines, and the pain in two locations in the feet. His diagnoses include: bilateral shoulder impingement syndrome, bilateral epicondylitis, carpal tunnel syndrome, bilateral degenerative joint disease of the hips and left knee, plantar fasciitis, and complete tear of the anterior cruciate ligament of the right knee.

IMR DECISION(S) AND RATIONALE(S)

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

1. Medrox patch #30 is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily indicated in the treatment of neuropathic pain, and only after a trial of antidepressants and anticonvulsants have failed. Medrox is a patch applied on the skin. The manufacturer markets this over the counter (OTC) product for the temporary relief of arthralgias and muscular aches and pains. Medrox contains methylsalicylate 5%, menthol 5%, and capsaicin 0.0375%. Methylsalicylate is an NSAID. Topical NSAIDs have been shown to have some benefit when used for 2 to 12 weeks for osteoarthritis. Capsaicin 0.025% has been shown to have some benefit for osteoarthritis and low back pain. There is no proven additional benefit to the 0.0375% strength. In this case, the medical documentation provided for review does not indicate that the employee has neuropathic pain. **The request for Medrox patch #30 is not medically necessary and appropriate.**

/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.

[REDACTED]

CM13-0019572