

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

7/14/2004

7/16/2013

CM13-0001393

- 1) MAXIMUS Federal Services, Inc. has determined the request for 6 boxes of Medrox patches (5 patches per box) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 6 boxes of Medrox patches (5 patches per box) **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 15, 2013.

BRIEF CLINICAL SUMMARY:

This 62 year-old male was injured 7/14/04. The mechanism of injury was not provided to this reviewer. The carrier has accepted the claim for the shoulder (left), disc (neck, and lower back area. The requesting provider's medical report dated 6/28/13 stated that the patient complained that he still has pain in different areas. He also has a problem with his right shoulder, which he underwent surgery with Dr. [REDACTED] and is scheduled for a follow up to see him sometime soon. Objective: There were no changes on [REDACTED] exam today. Diagnosis: Lumbar Radiculopathy, DDD Lumbar Plan: Dispensed Medrox Patch (Methyl salicylate 5%/Menthol 5%/Capsaicin 0.0375%. 5 patches/box) (6 boxes)

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 for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/15/13)
- Behavioral Medicine and Psychological Intake Evaluation by [REDACTED] (dated 8/22/12)
- Diminished Future Earning Capacity Evaluation by [REDACTED] (dated 8/26/12)
- Medical Records by [REDACTED], D.O. (dated 3/5/13 and 6/25/13)

- Medical Records by [REDACTED] (dated 6/11/12 to 6/28/13)
- Chronic Pain Medical Treatment Guidelines (2009), pages 105, 111-113

1) Regarding the request for 6 boxes of Medrox patches (5 patches per box):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 105 and 111-113, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 7/14/2004 and has experienced pain in the shoulders, neck, and low back areas. The employee was diagnosed with lumbar radiculopathy. A request was submitted for 6 boxes of Medrox patches (5 patches per box).

Medrox is a compound medication that contains Capsasin in a concentration of 0.0375%. The MTUS Chronic Pain Guideline does not recommend use of Capsasis in a concentration of greater than 0.025%. The request for 6 boxes of Medrox patches (5 patches per box) 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.