

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: 10/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	10/13/2012
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002421

- 1) MAXIMUS Federal Services, Inc. has determined the request for Medrox pain relief ointment 120g times 2 #240 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 Medrox pain relief ointment 120g times 2 #240 **is 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 3, 2013:

“Primary treating physician’s re-evaluation and progress report dated 3/4/2013 indicates the claimant has increasing symptom in the left knee. Diagnostic studies and MRI have been obtained which have revealed intra-articular pathology. Hip symptom has not changed significantly. On examination, there is tenderness at the left greater than right hip anterolateral aspect. There is pain with hip rotation. Regarding the left knee, there is tenderness in the anterior joint line space. There is reproducible symptom with a positive McMurray’s and patellar grind test is somewhat positive. Provider recommends left knee arthroscopy with repair of internal derangement and MRI of the lumbar spine. Provider also recommends Naproxen Sodium 550 mg #100, Cyclobenzaprine Hydrochloride 7.5 mg #120, Ondansetron ODT 8 mg, Omeprazole Delayed-Release 20 mg #120, and Medrox Pain Relief Ointment 120 gm x2. The claimant has been instructed to return for follow-up in several weeks and is temporarily totally disabled.”

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 (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/3/2013)
- Employee medical records from Employee Representative
- Medical Treatment Utilization Schedule

1) Regarding the request for Medrox pain relief ointment 120g times 2 #240:

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), (section and page not cited), which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Topical analgesics, page 111-112 and Medications for chronic pain, page 60, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 10/13/12 to the low back. A provided medical report dated 5/24/13 documents persistent pain in the low back with occasional radiation to the legs, and persistent left knee pain, physical examination revealed tenderness in the lower back muscles, tenderness at the hip anterolateral aspect, and tenderness at the left knee joint line. The records indicate treatments have included oral analgesic medications, imaging studies and electrodiagnostic studies of the bilateral lower extremities. The request is for Medrox pain relief ointment 120g times two (2) #240.

Medrox is a topical analgesic that is a combination of capsaicin, menthol, and methyl salicylate. MTUS Chronic Pain Guidelines indicate topical analgesics are primarily recommended for neuropathic pain with trials of antidepressants and anticonvulsants have failed; however, this is not the only use of these agents. The claims administrator's rationale for not recommending the use of Medrox cream focuses on neuropathic pain. Although these guidelines do state that topical analgesics are primarily shown to be beneficial for neuropathic pain, it is not the only use of these agents. The claimant has chronic left knee pain with a prior surgery to the left knee, and the provider is now requesting Medrox as one of the analgesics following a second laparoscopic procedure to the left knee.

MTUS Chronic Pain guidelines state that only one medication should be given at a time and interventions that are active and passive should remain unchanged at the time of the medication change, a trial should be given for each individual medication, and pain and function with the medication should be recorded. The medical records note that the employee used Medrox previously with benefit; especially noted for end of day pain and pain relief while sleeping. Medrox is a combination medication, and it may be unclear whether the benefit from this medication is from salicylic acid or from capsaicin. The guidelines note topical salicylate is significantly better than placebo in chronic pain and capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. The medical records note that Naprosyn had been used previously, but this medication was not tolerated well by the claimant. Based on the medication use history, the industrial injury, surgical history, and pain profile of the employee, and a review of these guidelines, it is medically reasonable to utilize Medrox for pain relief. The request for Medrox pain relief ointment 120g times two (2) #240 **is 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

/sh

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.