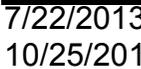

Notice of Independent Medical Review Determination

Dated: 11/4/2013



Employee:	
Claim Number:	
Date of UR Decision:	7/22/2013
Date of Injury:	10/25/2012
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003287

- 1) MAXIMUS Federal Services, Inc. has determined the request for one Dendracin lotion 120ml **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for twenty Medrox patches (dispensed 7/11/13) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one Dendracin lotion 120ml for next visit **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for twenty Medrox patches for next visit **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 one Dendracin lotion 120ml **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for twenty Medrox patches (dispensed 7/11/13) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one Dendracin lotion 120ml for next visit **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for twenty Medrox patches for next visit **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 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 22, 2013:

██████████, a 51 year old (██████████) male with a date of injury of 10/25/12. The carrier has accepted lower back area, both shoulders and left ankle. Denied physical/mental. Injured while performing his usual and customary duties at ██████████. He retired October 2012.”

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 7/25/2013)
- Utilization Review Determination from ██████████ (dated 7/22/2013)
- Employee medical records from ██████████
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request one Dendracin lotion 120ml:

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 111-113, which is a part of Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical analgesics, pg. 11-113..

Rationale for the Decision:

The MTUS guidelines state Capsaicin 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The requested medication contains Capsaicin 0.0375%, as a topical analgesic. This is one of three components in the topical agent. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, if the guidelines do not recommend any part of a compound, it does not recommend the entire compounded medication. **The request for one Dendracin lotion 120ml is not medically necessary and appropriate.**

2) Regarding the request for twenty Medrox patches (dispensed 7/11/13) :

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 111-113, which is a part of Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical analgesics, pg. 11-113..

Rationale for the Decision:

The MTUS guidelines state Capsaicin 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The requested medication contains Capsaicin 0.0375%, as a topical analgesic. This is one of three components in the topical agent. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, if the guidelines do not recommend any part of a compound, it does not recommend the entire compounded medication. **The request for twenty Medrox patches is not medically necessary and appropriate.**

3) Regarding the request one Dendracin lotion 120ml for next visit :

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 111-113, which is a part of Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical analgesics, pg. 11-113.

Rationale for the Decision:

The MTUS guidelines state Capsaicin 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The requested medication contains Capsaicin 0.0375%, as a topical analgesic. This is one of three components in the topical agent. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, if the guidelines do not recommend any part of a compound, it does not recommend the entire compounded medication. **The request for Dendracin lotion 120ml for next visit is not medically necessary and appropriate.**

4) Regarding the request twenty Medrox patches for next visit :

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 111-113, which is a part of Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical analgesics, pg. 11-113.

Rationale for the Decision:

The MTUS guidelines state Capsaicin 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The requested medication contains Capsaicin 0.0375%, as a topical analgesic. This is one of three components in the topical agent. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, if the guidelines do not recommend any part of a compound, it does not recommend the entire compounded medication. **The request for twenty Medrox patches for next visit 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, 18th Floor
Oakland, CA 94612

/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.