MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/5/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/1/2013
Date of Injury:	3/15/2002
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003592

1) MAXIMUS Federal Services, Inc. has determined the request for Oxycodone 10mg #90 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Medrox patch #60 **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 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 Oxycodone 10mg #90 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Medrox patch #60 **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 Family Practice, 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.

Expert Reviewer Case Summary:
This is a 45-year-old individual who sustained an injury in March 2002 after lifting a heavy box. On May 30, 2013 the patient complained of continuing intractable shoulder pain in fibromyalgia flareup. The pain was a 10 out of 10. The claimant also had a history of hypertension diabetes sleeping disorder and constipation. There was also TMJ pain. The treating physician had recommended oxycodone 10 mg tablets as well as Medrox patch for pain. Other medications included topical analgesic cream which contained baclofen cyclobenzaprine flurbiprofen and lidocaine.
A review of notes prior to this in June 2012 had indicated that she was also receiving Norco as well as Medrox patches at the time. This was for a seven out of 10 rated pain scale on her neck and bilateral shoulders.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** Oxycodone 10mg #90**:**

<u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg. 75, 78-80, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 75, 78-80, which is part of MTUS.

Rationale for the Decision:
The MTUS Chronic Pain Guidelines indicate short acting opioids are appropriate for breakthrough pain when used with other analgesics such as acetaminophen or aspirin. For chronic relief greater than 16 weeks the efficacy is unclear. The guidelines further indicate opioid use for fibromyaligia is not medically indicated. The medical records reviewed indicate extensive use of this medication with no documented substantial difference indicated on the pain scale. **The request for Oxycodone 10mg #90 is not medically necessary and appropriate.**

2) **Regarding the request for** Medrox patch #60**:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines pg. 105,111-113, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Capsaicin, topical, pg. 28-29 and Topical Analgesics, pg. 111-113, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
Medrox consists of 5% methyl salicylate, 5% menthol and .0375% capsaicin. The MTUS Chronic Pain guidelines indicate capsaicin is generally used in the formulation of .025%. There have been no studies showing effectiveness of a formulation in a higher concentration. The doseage of capsaicin in the Medrox patch exceeds guideline recommendations. **The request for Medrox patch #60 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

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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.