

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 8/26/2003
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004364

- 1) MAXIMUS Federal Services, Inc. has determined the request for Medrox pain relief ointment 120gm times two (2) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 120gm times two (2) **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:

The female claimant suffered an injury at work on 8/26/03. She had fallen and developed chronic back and neck pain. She has completed physical therapy (ultrasound, E-Stim, and myofascial release) which improved her pain. An MRI in 2010 showed lumbar disc protrusion. A recent examination in April 17, 2013 stated that the claimant had low back pain with exertion and she had paraspinal muscle spasms. As stated in a May 2, 2013 progress note/medication list, the patient has relief from muscle spasm at night time when using Medrox 4 times daily. The claimant had also been on Flexeril, Naprosyn, Tramadol and Prilosec. There is no specific mention of response and tolerance to the combined use of all the medications.

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, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Medrox pain relief ointment 120gm times two (2):

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 ACOEM Table 3-1 topical medications, which is a part of the MTUS and the Official Disability Guidelines (ODG), Topical Compounds, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines topical analgesics and Capsacin pg. 28,29 and 111-112, Topical Analgesics, which is a part of the MTUS.

Rationale for the Decision:

Medrox pain ointment is a combination of capsaicin, methyl salicylate and menthol. As cited in the chronic pain medical treatment guidelines section as stated above, page 111-112, topical analgesics have been largely experimental in use with few randomized controlled trials to determine efficacy or safety. This is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The use of compounded agents have very little to no research to support their use.

The MTUS section as stated above cited on page 28-29 notes that there have been no studies of a capsaicin 0.0375% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. After a review of the records provided, this employee has relief from this ointment with muscle spasms at night time, yet according to the MTUS chronic pain medical treatment guidelines, the percentage of capsaicin in this ointment is above the percentage that is currently found to be efficacious. **The request for Medrox pain relief ointment 120gm times two (2) 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

/pr

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.