

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/22/2013

2/11/2010

7/31/2013

CM13-0004722

- 1) MAXIMUS Federal Services, Inc. has determined the request for Medrox patch #30 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/22/2103. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 patch #30 **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 employee was working, and while walking to the restroom, slipped with her left foot in a wet area of the floor on 2/11/2010. She landed on her right knee and twisted her lower back. She subsequently had ongoing pain and discomfort after the injury and was referred to an urgent care clinic. X-rays were taken at that time and the treatment was anti-inflammatory medications. Orthopedic evaluation was eventually done. There was no statement of any kind of radicular symptoms other than lower back discomfort.

She failed to achieve satisfactory improvement after rest, medications and physical therapy. Epidural block was given 12/20/12.

Physician report on 3/13/13 noted a subjective complain of low back pain on daily basis with radiation to bilateral lower extremities, foot numbness on the left greater than right. The objective findings are not legible. The treatment to be rendered was MRI, acupuncture two times for six weeks, orthopedic surgery evaluation, pain management evaluation, and follow up in 45 days. Prescription included compounded creams and medrox patch that was to be applied every 12 hours.

Physician progress report on 7/31/13 noted intrauterine pregnancy for four months. Medical therapy was refrained secondary to this. The diagnosis was cervical spine pain, lumbar spine pain, and thoracic spine pain. The treatment plan included acupuncture.

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 Medrox Patch #30:

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

The Claims Administrator stated it based its decision on the MTUS, but no specific guideline was cited, Compounded Medication, and the Official Disability Guidelines (ODG), Pain Chapter, no section cited, a Medical Treatment Guideline (MTG), not part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Guidelines, Capsaicin, topical, pages 28-29 and Topical Analgesics, pages 111-112, part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines note that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Medrox is a combination of capsaicin, methyl salicylate, and menthol. The Medrox patch contains a higher percentage of capsaicin than is recommended by the MTUS guidelines. A review of the submitted medical records indicates that the employee has continued low back pain. However, the records submitted did not address failure of other treatment modalities. The request for Medrox patch #30, **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

/db

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.