

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/15/2013 |
| Date of Injury: | 6/9/2011 |
| IMR Application Received: | 8/5/2013 |
| MAXIMUS Case Number: | CM13-0006610 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Medrox Patch #30 DOS 6/26/2013 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/16/2013. 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 DOS 6/26/2013** 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 Physical Medicine and Rehabilitation, 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 patient is a 43-year-old male [REDACTED] who has reported dates of injury to include 08/01/1998 through 06/09/2011 and 04/03/2012 as a result of a cumulative trauma to his hip. The most recent date of injury 01/03/2013 was a result of squeezing a bolt cutter causing a pop in his left shoulder followed by burning and sharp pain in the joint area. The patient complains of left hip soreness and limping due to pain. The physical examination of the left shoulder revealed discomfort around the anterior glenohumeral region and subacromial space with positive Hawkins and impingement syndrome and reproducible symptomatology with internal rotation and forward flexion. Additional physical findings of antalgic gait, 5/5 motor strength in EHL, iliopsoas, intact dermatomal sensation to bilateral upper and lower extremities, and deep tendon reflexes are intact and symmetric at ankles and knees were noted. The patient's diagnosis include lumbar discopathy, degenerative joint disease left hip and left shoulder impingement syndrome with partial rotator cuff tear. The treatment plan includes continued physical therapy and Medrox patches.

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 Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Medrox Patch #30 DOS 6/26/2013:

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-analgesic creams, and the Chronic Pain Medical Treatment Guidelines-topical compounded medications, which are a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines-Topical Analgesics, pg. 16-20, 28, 41-42, 49, 105, 111-113, which are a part of the MTUS. Also cited was the Official Disability Guidelines-Procedure Summary, Topical analgesics & Capsaicin, which is not a part of the MTUS.

Rationale for the Decision:

California Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Medrox contains methyl salicylate, menthol, and capsaicin. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical information submitted for review fails to provide evidence that the employee has not responded or is intolerant to other treatments. Furthermore, the FDA warns that topical over-the-counter pain relievers that contain menthol, methyl salicylate, or capsaicin may, in rare instances, cause serious burns. Furthermore, the efficacy of the medication has not been substantiated as there is lack of sufficient subjective complaints or objective physical findings that suggest improvement in the employee's functional capabilities. **The request for Medrox Patch #30 for DOS 6/26/2013 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.