

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	7/26/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007509

- 1) MAXIMUS Federal Services, Inc. has determined the request for **2 boxes of Medrox patches** 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 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 **2 boxes of Medrox patches 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 52-year-old female who reported an injury on 07/26/2008. She is noted on 05/03/2013 to have been seen by [REDACTED] and is reported to complain of ongoing neck and upper extremity pain, which she rated 9/10. She reported difficulty with her activities to her arm complaints and to describe severe pain with sleeping. She is noted to utilize Norco, Prilosec, Flexeril and Medrox patches which are reported to help with her pain and normalize her function. She denied any side effects with her meds. On physical exam, she was noted to have somewhat antalgic gait secondary to back and leg pain. Range of motion of her cervical, thoracic and lumbar spine were limited on planes. The patient is noted to have 4/5 strength of the bilateral upper extremities in all muscle groups tested limited by pain and 4/5 strength in the bilateral lower extremities in all muscle groups decreased limited by pain. The patient is reported to continue to complain of ongoing neck pain and right arm complaints which were reported to be severe on 06/14/2013. She was concerned that she was getting worse and it was to the point where she could not do anything around the house. She also reported some increased anxiety and was noted to be treating with a psychologist who was helping with anxiety and depression. On 07/10/2013, the patient reported complaints of ongoing neck, mid and low back pain which she rated 9/10 to 10/10. She reported radiation of numbness, tingling and weakness down both her arms and hands as well as cramping pain down both her legs into her feet. She reported increased neck and back pain since her last visit as well as increased weakness in her arms but denied any recent trauma. She had completed 5 visits of chiropractic therapy with no relief and 3 visits of acupuncture treatment with no relief. The patient was reported to be using medications including Norco, Prilosec and Flexeril and using Terocin cream. She reported that the medications do help decrease her pain and allow her to function. She reported the cream helped her decrease her oral intake of Norco by 1 pill and increased her function such as walking.

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 2 boxes of Medrox patches:

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, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 111-113, which is part of the MTUS.

Rationale for the Decision:

The employee is 52-year-old who reported an injury on 02/26/2008. The employee reported to complain of ongoing neck, mid and low back pain with radiation of pain to the upper extremities which the employee reported was 10/10. The employee reported the pain increased with activities and has been gradually getting worse and the employee to be unable to carry out activities of daily living due to the increased pain. The employee was noted to be taking Norco, Prilosec and Flexeril and to be utilizing Medrox patches which are reported to help the pain and normalize the employee's function. On physical exam, the employee is noted to have a somewhat antalgic gait. Range of motion of the cervical, thoracic and lumbar spine were limited in planes. The employee is noted to have 4/5 strength of bilateral upper extremities limited by pain and 4+/5 strength of the bilateral lower extremities. The Medrox patches requested contain menthyl salicylate 5%, menthol 5% and capsaicin 0.035%.

The California MTUS Guidelines recommend the use of topical nonsteroidal anti-inflammatories for treatment of osteoarthritis. However, they state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and is not recommended for treatment of neuropathic pain as there is no evidence to support its use. The California MTUS Guidelines recommend capsaicin as an option for treatment of osteoarthritis, fibromyalgia and chronic nonspecific back pain but do not recommend the use of the 0.0375% formulation as there is no current indications that the increase over a 0.025 formulation provides any further efficacy. As the employee is not noted to have been treated for osteoarthritis and topical NSAIDs are not recommended for treatment of neuropathic pain and Medrox contains 0.0375% capsaicin which is not indicated by the California MTUS Guidelines, the request for Medrox patches does not meet guideline recommendations. **The request for 2 boxes of Medrox patches 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

/ejf

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.