

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/1/2013
Date of Injury: 11/7/2012
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0009891

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

/jr

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported date of injury on 11/07/2012 and the mechanism of injury was a motor vehicle accident. The patient had neck pain radiating to the right upper extremity, thoracic back pain, lumbar spine pain, numbness and tingling in the bilateral upper extremities to the level of arm and fingers, pain associated with bilateral occipital and right temporal headaches, and difficulty sleeping. Biceps tendon reflexes were within normal limits on the right, motor strength was within normal limits in the bilateral upper extremities, sensory exam was normal in the right upper extremity, grip strength was normal bilaterally, patellar and Achilles tendon reflexes were within normal limits bilaterally, motor strength was within normal limits in the bilateral lower extremities, sensory examination revealed normal touch in the bilateral lower extremities, foot drop was absent bilaterally, clonus was absent bilaterally, and Waddell's sign was absent. The patient had diagnoses of cervical discopathy, lumbar discopathy, cervicalgia, and right shoulder impingement. The patient's treatment plan included Medrox patch #30.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Medrox patch #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Salicylate Topicals Section, page 105, which is part of the MTUS, and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee presented with constant neck pain with radiation to the bilateral shoulder to the level of the elbow, right greater than left and the employee had numbness and tingling in the bilateral upper extremities to the level of arms and fingers, right greater than left. The employee had motor weakness in the bilateral upper extremities, neck pain was associated with bilateral occipital and right temporal headaches, and the employee reported 6/10 sharp pain moderate in severity. The employee reported thoracic pain rated 6/10 aggravated by flexion, extension, bending, and twisting. The employee reported intermittent to frequent low back pain with radiation to the right lower extremity, slight in severity, and aggravated by standing, walking, sitting, bending, twisting, turning, and rotation. The employee's biceps tendon reflex was decreased on the left, brachial reflex deep tendon reflexes were decreased on the left, and triceps tendon reflex was decreased on the left. The employee had decreased touch in the left upper extremity along the C6, C7, and C8 dermatomes. The employee had undergone physical therapy and epidural steroid injection. An EMG/NCV of the bilateral upper extremities and bilateral lower extremities revealed absent right H-reflex and increase in insertional activity in the right gastrocnemius muscle suggestive of a possible right SI radiculopathy and there was no electromyographic evidence of cervical radiculopathy. The Medrox patch consists of methyl salicylate, menthol, and capsaicin. The California MTUS Guidelines note topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Within the provided documentation, it did not appear the employee carried a diagnosis of osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. Additionally, within the provided medical documentation, it was unclear if the employee had not responded to or was intolerant of other treatments. The guidelines note the use of topical salicylates are only significantly better than placebo. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. **The request for a Medrox patch # 30 is not medically necessary and appropriate.**

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.

[REDACTED]

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