

Independent Medical Review Final Determination Letter

3024
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

IMR Case Number:	CM13-0023297	Date of Injury:	12/13/2000
Claims Number:	[REDACTED]	UR Denial Date:	08/23/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
RETRO REVIEW FOR MEDROX PATCH			

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]

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 Occupational Medicine, 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 applicant is a represented [REDACTED] employee who has a filed a claim for chronic low back and knee pain reportedly associated with industrial injury of December 13, 2000.

Thus far, the applicant has been treated with the following: Analgesic medications, prior left knee arthroscopy; attorney representation; transfer of care to and from various providers in various specialties; a knee brace; and topical compounds.

In a Utilization Review Report of August 23, 2013, the claims administrator denied the request for topical compounded Medrox patches.

Both the later and earlier clinical progress notes of September 24, 2013 and August 20, 2013 are notable for comments that the applicant is using a number of first-line oral analgesics, including Norco, Neurontin, and Naprosyn, without any seeming difficulty, impediment, and/or impairment. There is no specific mention of any adverse effects with any of the oral medications.

IMR DECISION(S) AND RATIONALE(S)

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

- 1. Medrox patches is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 111, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 111, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical medications are "largely experimental," with the few randomized controlled trials to demonstrate efficacy and/or safety. In this case, it is further noted that the applicant is using three separate first-line oral pharmaceuticals, including Norco, Naprosyn, and Neurontin, without any seeming difficulty, impediment, and/or impairment, effectively obviating the need for the largely experimental topical agents. Therefore, the original Utilization Review decision is upheld. The request remains non-certified.

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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