

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 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 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 underlying date of injury in this case is 06/30/2005. The claimed diagnoses include lumbar degenerative disc disease with chronic recurrent lumbar strain, cervical disc disease status post cervical diskectomy on the right at C6-C7, and chronic right shoulder pain with a history of arthroscopic surgeries x 4 including a rotator cuff, labral, and biceps repair; distal clavicle debridement; and subacromial decompression. The patient also had left shoulder arthroscopic biceps tenodesis and chronic right orchalgia with epididymitis.

The prior physician review noted that the medical records did not support the necessity of this particular topical medication, noting in particular that the treatment guidelines do not support the 0.0375% dosage of capsaicin, which is the component of this medication.

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.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, page 111, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines section on topical analgesics states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatment....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indicate that this

increase over a 0.025% formulation would provide any further efficacy.” The medical records do not discuss in general the rationale or indication or mechanism of action of this proposed medication. Additionally, the component medication, capsaicin, specifically is not recommended at the formulated dosage. For these reasons, this request is not support by the guidelines. This request is not medically necessary.

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[REDACTED]

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