

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	7/8/2004
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0012840

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Medrox patches #30, date of service 6/19/2013** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 patches #30, date of service 6/19/2013 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 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 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 50 year old female with date of injury July 8, 2004. She has diagnoses of right rotator cuff syndrome and left carpal tunnel syndrome. The request is for Medrox patches status post surgery on June 19, 2013; however, there are no clinical notes available for review that describe the surgical procedure or treatment expectations from the use of 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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for **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 American College of Occupational and Environmental Medicine (ACOEM), Table 3-1, Analgesic Creams, Recommendations, Capsaicin, Indications for use and Discontinuation, Recommendation, Spiroflor, Recommendation, Other Creams and Ointments and Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs), Lidocaine, Capsaicin, Baclofen,

Other muscle relaxants, Gabapentin, Other Antiepilepsy drugs and Ketamine, which are part of MTUS, and the Official Disability Guidelines, (ODG), Topical compounded medications and the Food and Drug Administration (FDA), December 05, 2006-News Release-FDA, Compounded topical anesthetic creams, which are not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, Capsaicin, topical, page 28, and Salicylate topical, page 105, which are a part of MTUS.

Rationale for the Decision:

Medrox patches contain methyl salicylate 5% analgesic, menthol 5% analgesic, and capsaicin 0.0375% analgesic. The Chronic Pain Medical Treatment Guidelines indicate that salicylate topicals are recommended. Topical salicylate...is significantly better than placebo in chronic pain. The Chronic Pain guidelines state that topical capsaicin is "recommended only as an option in patients who have not responded or are intolerant to other treatments.... There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." And the Chronic Pain guidelines state that topical analgesics are "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." The medical records provided for review do not provide any information in support of the use of Medrox patches for this employee. There is no mention of intolerance to other treatments, nor any mention of failure of other treatments. The nature of the pain is not described in any clinical notes provided for review. Medrox is a combination medication that would require justification of the use of each agent. **The request for Medrox patches #30, date of service 6/19/2013 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

/dso

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.