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**Notice of Independent Medical Review Determination**

Dated: 9/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

2/25/2008

7/16/2013

CM13-0001599

- 1) MAXIMUS Federal Services, Inc. has determined the request for Medrox ointment (1-2 grams to affected area 3-4 times daily) **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 ointment (1-2 grams to affected area 3-4 times daily) **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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013.

**Description of Alleged Injury:** Slipped, hurting right ankle

**Services Requested:** purchase of medrox ointment, componenets of methyl salicylate, menthol and capsaicin, one hundred twenty(120) ml, for the left knee.

**Forté Recommendation:** NON-CERTIFICATION of purchase of medrox ointment, componenets of methyl salicylate, menthol and capsaicin, one hundred twenty(120)

### 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 for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/5/13)
- Medical Records by [REDACTED] (dated 4/24/13 to 6/27/13)
- Medical Records by [REDACTED] (dated 7/10/12 to 6/25/13)
- Medical Records by [REDACTED], M.D. (dated 7/10/12 to 7/14/13)
- Medrox Prescription by [REDACTED] (dated 6/27/13)
- Medical Records by [REDACTED] (dated 5/13/13)
- Consult Report by [REDACTED] (dated 5/13/13)
- Medical Report by [REDACTED] (dated 7/31/12)
- Medical Records by [REDACTED] (dated 11/7/12 to 1/2/13)
- Full Copy of California Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Medrox ointment (1-2 grams to affected area 3-4 times daily):**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on an unspecified section of the Chronic Pain Medical Treatment Guidelines (2009), which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found pages 111-113 of the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the right ankle and left knee in an accident on 2/25/2008. A physician's report dated 7/10/2012 indicates the employee was diagnosed with a medial meniscus tear and osteochondral injury. Treatment noted in the medical records received and reviewed has included medications (tramadol, ibuprofen, flurbiprofen, dendracin), cortisone injection, physical therapy, imaging studies, and left knee surgery. A request was submitted for Medrox ointment (1-2 grams to affected area 3-4 times daily).

Medrox is a topical analgesic. The MTUS Chronic Pain Guidelines indicate topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines also indicate that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox contains 0.0375% Capsaicin. The MTUS Chronic Pain Guidelines indicate that 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. The Capsaicin formulation in Medrox exceeds the guideline recommended amount. The request for Medrox ointment (1-2 grams to affected area 3-4 times daily) 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.