MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/14/2013

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/9/2013
Date of Injury:	1/8/2013
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003181

1) MAXIMUS Federal Services, Inc. has determined the retrospective request for topical Medrox patch #30 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 07/09/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 retrospective request for topical Medrox patch #30 **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 9, 2013:

Supporting(Rationale / References): Reports reviewed: CT scan report Head, January 8, 2013; Dr. [redacted] reports January 25, 2013 and January 30, 2013; Dr. [redacted] report March 12,2013.

This patient injured his neck and head when he passed out at work. He had a CT scan on the day of the incident and this was normal. The patient has also recently been diagnosed with hypertension. He takes medications for his high blood pressure and for thyroid disease; none of these medications are identified. The patient's blood pressure at the time of his visit with Dr. [redacted] was 118/77. He stated that he was dizzy when he bent forward but there is no documented recorded blood pressure after lying down to evaluate for orthostatic hypotension. The patient was seen again on January 30, 2013 and complained that he was still dizzy. There was no blood pressure documented on that date. This patient had a recent addition of blood pressure medication. He had a relatively low blood pressure at his initial visit. There is no documentation that this patient has seen the physician who prescribed his blood pressure medications nor is there any documentation that anyone has monitored him for orthostatic hypotension.The patient was seen by Dr [redacted] D.O. on March 12, 2013. At that visit, he complained of memory loss, pain in the neck to the shoulders, occasional dizziness and lightheadedness. He noted that the physical therapy to his neck had improved his pain from 8/10 to 5/10. He also complains of headaches. He had cervical tenderness and a positive axial compression test. Dr. [redacted] opined that he had "general weakness" but this was not specific and that he had possible double crush syndrome.

This is a retrospective request for topical Medrox for the date of service June 12, 2013. [redacted]

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 (received 7/25/13)
- Utilization Review Determination from [redacted] (dated 7/9/13)
- Medical Records from [redacted]

- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the retrospective request for topical Medrox patch #30:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics section, which is 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 the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee reported a work-related injury on 1/08/2013. The diagnosis is acute syncope and acute blunt head trauma. Treatment has included physical therapy and medications. A retrospective request was submitted for topical Medrox patch #30.

The MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records submitted for review did not include evidence showing that the employee has failed first-line therapy of antidepressants and anticonvulsants prior to the utilization of the topical analgesic. Medical records submitted for review also do not document a recent physical exam evidencing support for the efficacy of the employee's utilization of his current medication regimen. The retrospective request for topical Medrox Patch #30 **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, 18th Floor
Oakland, CA 94612

/ldh

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.