

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/30/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/18/2013

7/27/1999

7/31/2013

CM13-0005131

- 1) MAXIMUS Federal Services, Inc. has determined the request for Medrox pain relief ointment 120gm x 2 #240 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 pain relief ointment 120gm x 2 #240 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medicine Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 48 year-old female sustained an injury on 7/27/99 when she tripped and fell on an uneven sidewalk. Progress report on 5/23/13 noted that she had persistent pain of the neck that radiated to the upper extremities with numbness and tingling, left greater than right. She continued to have bilateral foot and ankle pain. Her orthotics and old shoes had been worn out. The symptomology in bilateral wrists and lumbar spine was essentially unchanged. The physical exam that day noted the cervical spine had tenderness at the cervical paravertebral muscle and upper trapezial muscles with spasm. Axial loading compression test and Spurling maneuver were positive. There was painful and restricted range of motion. The bilateral wrist exam was essentially unchanged. The examination of the lumbar spine was essentially unchanged. The exam of the bilateral ankles and feet revealed tenderness at the bilateral ankles and feet plantar aspect. There was a well-healed scar of the right foot. She walked with a limp favoring on the right side. Furthermore, the note on 5/23/13 documented that the medrox pain relief ointment was to be continued as written prior. The topical cream provided significant relief of muscle pain and aches, especially in the evenings allowing him to relax before sleep. Other pharmacological agents at this time being used were naproxen, omeprazole, cyclobenzaprine and tramadol. The treatment plan also included a one year supply of electrical stimulation unit with VQ electrical stimulation unit, walking shoe with a rocker sole and orthotic, and physiotherapy chiropractic care. The diagnoses included cervical discopathy with radiculitis, double crush syndrome, status post right carpal tunnel release 5/18/2004, electrodiagnostic stud evidence of bilateral carpal tunnel syndrome, lumbar discopathy with radiculitis, status post right ankle fusion 2/20/2008, status post removal of hardware, posterior tibial dysfunction left foot. The treatment plan included electrical stimulation unit, walking shoe with rocker sole and orthotic, physiotherapy, chiropractic care. The prescribed medications were naproxen, omeprazole, cyclobenzaprine, tramadol, medrox pain relief ointment.

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 pain relief ointment 120gm x 2 #240:
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 Chronic Pain Medical Treatment Guidelines, pages 28-29, and Salicylate topicals 105, which is part of the MTUS, and the Official Disability Guidelines, Pain Chapter, Compounded Drugs, which is not part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Capsaicin, topical, pages 28-29, and Topical Analgesics, pages 111-112, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that topical analgesics have been largely experimental in use with few randomized controlled trials to determine efficacy or safety. This is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further note there have been no studies of a capsaicin 0.0375% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. A review of the medical records indicate the employee has experienced relief from this ointment; however, the percentage of capsaicin in this ointment is above the percentage that is currently found to be efficacious and not supported by the guidelines. **The request for Medrox pain relief ointment 120gm x 2 # 240 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

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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.