

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	4/11/2012
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006106

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Medrox patches #20 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 7.5mg #60 is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 #20 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 7.5mg #60 is 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.

Expert Reviewer Case Summary:

The patient has a date of injury of 4/11/12. The medical record dated 8/20/13 by Dr. [REDACTED], MD orthopedic surgeon, noted that the patient is diagnosed with right rotator cuff tear status post-surgical intervention which has failed as well as status post distal clavicle excision, discogenic cervical condition with shoulder girdle involvement, element of depression, weight gain of 10 pounds, and hypertension. Exam findings included abduction of the right shoulder at 90 degrees with grade 4 strength to resisted function being noted. Impingement sign being positive and by MRI he has rotator cuff tear. The patient was prescribed Norco 5/325mg tid, naproxen 550 mg bid and Remeron 15 mg bid. The patient was noted to have spasms. He has only received Flexeril twice for 60 tablets in the last 8-9 months. Therefore, he is using it sporadically as recommended for spasms. It was also noted that the patient has found the Medrox patches to be helpful for short term relief of pain in the shoulder girdle area.

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 #20:

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, Topical Analgesics, pgs. 111-113, which are part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Pgs. 111-113, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee has a date of injury of 4/11/12. The medical record dated 8/20/13 by orthopedic surgeon, noted that the employee is diagnosed with right rotator cuff tear status post-surgical intervention which has failed as well as status post distal clavicle excision, discogenic cervical condition with shoulder girdle involvement, element of depression, weight gain of 10 pounds, and hypertension. The employee clearly has chronic pain in the right shoulder girdle area which has failed conventional therapy. Medrox patches contain menthol, capsaicin, and methyl salicylate. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case it appears that the guideline criteria for each of the Medrox ingredients have been met. **The request for Medrox patches #20 is medically necessary and appropriate.**

2) Regarding the request for Flexeril 7.5mg #60:

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, Muscle relaxants (for pain), pgs. 63-66, which are part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (flexeril, Amrix, Fexmid, generic available), pg. 64, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee has chronic pain in the right shoulder girdle area as well as muscle spasm noted by the medical records. The medical record dated 8/20/13 noted that the employee has only received Flexeril twice for 60 tablets in the last 8-9 months. The guideline criteria have been met. **The request for Flexeril 7.5mg #60 is 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

/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.