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## Independent Medical Review Final Determination Letter

2838

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0022885	<b>Date of Injury:</b>	07/26/2011
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/11/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
MEDICATION: MEDROX PATCH #30. 7/23/2013			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine has a subspecialty in Pulmonary Diseases 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50 year old male who reported an injury on 07/26/2011. The patient's symptoms include low back pain and neck pain that radiates to the upper extremities with numbness and tingling. He was also noted to have muscle spasm, which was relieved with a TENS unit. Objective findings include tenderness to palpation at the cervical paravertebral muscles and upper trapezial muscles with spasm, positive Axial loading test and Spurling's maneuver, painful and restricted cervical range of motion, and dysesthesia at the C5 to C7 dermatomes. Other objective findings include generalized weakness and numbness in the bilateral upper extremities, a positive palmar compression test/Phalen's maneuver, and positive Tinel's sign consistent with carpal tunnel syndrome. Additionally, the lumbar spine revealed tenderness to palpation from the mid to distal lumbar segments, pain with motion, positive seated nerve root test, and dysesthesia at the L5 and S1 dermatomes. His diagnoses include cervical discopathy, lumbar discopathy, and carpal tunnel/double crush syndrome.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Medrox patch #30 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 112-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee's diagnoses include cervical discopathy, lumbar discopathy, and carpal tunnel/double crush syndrome. The requested medication is Medrox patches which contain capsaicin and menthol. The California MTUS Guidelines state topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments and guidelines state that topical salicylates (menthol) are recommended as an option. However, for compounded medications, California MTUS Guidelines state that for any compounded product that contains at least one drug (or drug class) that is not recommended, the compounded product is not recommended. There was no documentation in the medical records provided that indicates that the employee had a negative response or intolerance to other treatments. Therefore, the use of topical capsaicin is not supported by guidelines. **The request for Medrox patch #30 is not medically necessary and appropriate.**

/JR

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.

[REDACTED]

CM13-0022885