

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the compound medication Camphor/Flurbiprofen/Capsaicin/Menthol requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the compound medication Cyclobenzaprine/Ketoprofen requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the compound medication Gabapentin/Ketoprofen/Lidocaine requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/26/2013 disputing the Utilization Review Denial dated 4/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/26/2013. 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 compound medication Camphor/Flurbiprofen/Capsaicin/Menthol requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the compound medication Cyclobenzaprine/Ketoprofen requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the compound medication Gabapentin/Ketoprofen/Lidocaine requested **is not medically necessary and appropriate.**

### **Medical Qualifications of the Professional 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 Occupational Medicine 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 professional 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 April 19, 2013.

“REQUEST: retrospective compound medication: Camph/Flurb/Caps/Menth; Cyclo/Keto; Gaba/Keto/Lido for lumbar, thoracic and knee SUMMARY OF TREATMENT/CASE HISTORY. On 01/23/2012, this male claimant sustained an injury to multiple body parts. The AP is requesting retrospective compounded medication: Camph/Flurb/Caps/Menth; Cyclo/Keto; Gaba/Keto/Lido for the lumbar spine, thoracic spine and knee. There are no objective clinical findings available from the prescribing physician. Clinical from [REDACTED] indicates this claimant suffers from pain throughout spine, right knee and right hand. Diagnoses are knee contusion and lumbar and thoracic sprain. There is no documentation of progressive deficits or an intolerance and inability to take oral medications. The claimant had taken Ibuprofen and Vicodin. EXPLANATION OF FINDINGS: The request for retrospective compound medication: Camph/Flurb/Caps/Menth; Cyclo/Keto; Gaba/Keto/Lido for lumbar, thoracic and knee is not medically necessary for this claimant’s injury. Clinical from [REDACTED] indicates this

claimant suffers from pain throughout spine, right knee and right hand. Diagnoses are knee contusion and lumbar and thoracic sprain. There is no documentation of progressive deficits or an intolerance and inability to take oral medications. Compounded medications are not FDA approved and there is no high quality peer review literature to support its efficacy. In addition, compound medications have variable absorption, penetration, distribution, efficacy, and side effects. In addition, the use of compounded drugs for chronic pain is highly experimental with little scientific evidence of their effectiveness and safety as per CA MTUS Chronic Pain Guidelines.”

**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:

- IMR Application for Independent Medical Review (dated 4/26/13)
- Utilization Review Determination from [REDACTED] (dated 4/19/13)
- Employee’s Medical Records from [REDACTED] (dated 2/21/13-3/21/13)
- Doctor’s First Report of Injury from [REDACTED] (dated 1/28/13)
- Employee’s Medical Records from [REDACTED] – Emergency Department (dated 1/27/13)
- MRIs of Right Knee and Lumbar Spine from [REDACTED] (dated 3/8/13)
- Employee’s Medical Records from [REDACTED] (dated 3/26/13-4/9/13)
- Request of Authorization Letter from [REDACTED] (dated 2/25/2013)
- Chronic Pain Medical Treatment Guidelines (2009) pg. 111-113

**1) Regarding the request for compound medication  
Camphor/Flurbiprofen/Capsaicin/Menthol**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 111-113 of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance. In addition, the Professional Reviewer referenced the *American College of Occupational and Environmental Medicine* (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, pg. 47, in the final determination.

Rationale for the Decision:

The employee sustained an injury to the lumbar and thoracic spine, right knee, and right hand. The medical records reviewed indicate right knee contusion and lumbar and thoracic sprain. Per ACOEM, 2<sup>nd</sup> Edition, (2004), Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, pg. 47, oral pharmaceuticals represent the most appropriate first-line palliative measure for these types of injuries. The employee has been given multiple oral analgesic medications, including Cymbalta, Naprosyn, Tylenol, Tramadol, Zanaflex, and Medrol. There is no documentation in the medical records showing evidence of intolerance and/or failure to any the above medication. It is further noted, the MTUS Chronic Pain Guidelines (2009) pg. 111-113, suggest that topical analgesics and topical compounds are likely experimental. One of the ingredients in the compound medication, topical capsaicin, is not recommended or endorsed except as a last-line measure. The proposed topical compound medication, Camphor-Flurbiprofen-Capsaicin-Menthol cream, is not medically necessary and appropriate.

**2) Regarding the request for compound medication  
Cyclobenzaprine/Ketoprofen**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the on the Chronic Pain Medical Treatment Guidelines (2009) pg 111-113 of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. In addition, the Professional Reviewer referenced the *American College of Occupational and Environmental Medicine* (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, pg. 47, in the final determination.

Rationale for the Decision:

The employee sustained an injury to the lumbar and thoracic spine, right knee, and right hand. The medical records reviewed indicate right knee contusion and lumbar and thoracic sprain. Per ACOEM, 2<sup>nd</sup> Edition, (2004), Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, pg. 47, oral pharmaceuticals represent the most appropriate first-line palliative measure for these types of injuries. The employee has been given multiple oral analgesic medications, to include Cymbalta, Naprosyn, Tylenol, Tramadol, Zanaflex, and Medrol. There is no documented evidence in the medical records of intolerance and/or failure to any of the above. It is further noted, the MTUS Chronic Pain Guidelines (2009) pg. 111-113, suggest that topical analgesics and topical compounds are likely

experimental. Both Cyclobenzaprine and Ketoprofen are specifically not recommended by the MTUS Chronic Pain Guidelines or the Federal Drug Administration (FDA) for topical use. The proposed topical compound medication, Cyclobenzaprine-Ketoprofen cream, is not medically necessary and appropriate.

**3) Regarding the request for compound medication  
Gabapentin/Ketoprofen/Lidocaine**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 111-113 of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. In addition, the Professional Reviewer referenced the *American College of Occupational and Environmental Medicine* (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, pg. 47, in the final determination.

Rationale for the Decision:

The employee sustained an injury to the lumbar and thoracic spine, right knee, and right hand. The medical records reviewed indicate right knee contusion and lumbar and thoracic sprain. Per ACOEM, 2<sup>nd</sup> Edition, (2004), Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, pg. 47, oral pharmaceuticals represent the most appropriate first-line palliative measure for these types of injuries. The employee has been given multiple oral analgesic medications, including Cymbalta, Naprosyn, Tylenol, Tramadol, Zanaflex, and Medrol. There is no documentation in the medical records showing evidence of intolerance and/or failure to any of the above. It is further noted, the MTUS Chronic Pain Guidelines (2009) pg. 111-113, suggest that topical analgesics and topical compounds are likely experimental. Two of the ingredients in the compound medication, Gabapentin and Ketoprofen, are specifically not recommended by the MTUS (2009) pg 111-113 or the FDA for topical use. When one ingredient in a compound is not endorsed, the entire compound is considered to carry an unfavorable rating by the MTUS. The proposed compound medication, Gabapentin-Ketoprofen-Lidocaine cream, 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.