
Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/5/2013
Date of Injury: 5/1/1996
IMR Application Received: 8/21/2013
MAXIMUS Case Number: CM13-0011103

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Terocin 240ml (Capsaicin 0.025%-Methyl Salicylate 25%- Menthol 10%-Lidocaine 2.5%) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Somnicin #30 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Genicin 500mg #90 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Laxacin #100 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **FLURBI(NAP) Cream-LA 180 grams (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%) is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **GABACYCLOTRAM 180 grams (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/21/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **Terocin 240ml (Capsaicin 0.025%-Methyl Salicylate 25%- Menthol 10%-Lidocaine 2.5%)** is **not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Somnicin #30** is **not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Genicin 500mg #90** is **not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Laxacin #100** is **not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **FLURBI(NAP) Cream-LA 180 grams (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%)** is **not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **GABACYCLOTRAM 180 grams (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%)** is **not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer 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:

This is a female who has experienced an injury on 5/1/96. She had injured her upper extremities due to overuse. She also sustained injuries during defensive tactics training sessions and efforts to stop altercations. She was deemed permanently and totally disabled by Social Security 2001. Her past medical history includes hypertension, glaucoma, asthma and obesity. A progress of October 2010 noted that her medications included: Flexeril, Vicodin, Naprosyn, Robaxin, aspirin, hydrochlorothiazide, amlodipine, omeprazole, benzapril and Advair. At the time her diagnostic impressions included: orthopedic injuries, psychiatric illness, obesity, hypertension, reflux, sleep disorder, glaucoma and urinary infection. A request for the above listed medications were made on July 29, 2013. There are no recent records to indicate the reasons for medication use.

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 Terocin 240ml (Capsaicin 0.025%-Methyl Salicylate 25%- Menthol 10%-Lidocaine 2.5%) :

The Medical Treatment Guidelines 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, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, topical analgesics, pg. 111-112, which is a part of the MTUS.

Rationale for the Decision:

According to the chronic pain medical treatment guidelines cited above : topical analgesics are recommended within certain guidelines. Topical NSAIDs have been shown to be superior to placebo during the first two weeks of treatment of osteoarthritis. It is recommended for short-term use between four and 12 weeks. Topical treatment can result in blood concentrations similar to oral forms. Caution should be used for patients at risk including those with renal failure. In this case, Terocin contains Methyl Salicylate an NSAID. A review of the records indicates that there is no documentation regarding osteoarthritis and current pain management noted. Although capsaicin and lidocaine are approved use by the MTUS guidelines, there is no indication for topical nonsteroidal use. According to the guidelines any compound product that contains at least one drug that is not recommended is not recommended. **The request for Terocin 240ml (Capsaicin 0.025%-Methyl Salicylate 25%- Menthol 10%-Lidocaine 2.5%)**

2) Regarding the request for Somnicin #30:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines TWC Pain Procedure Summary, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer

based his/her decision on the Official Disability Guidelines (ODG) section on Vitamin B, which is not a part of the MTUS.

Rationale for the Decision:

According to the ODG guidelines: Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. A review of the records indicates that Somnicin was prescribed for a sleeping disorder, but there is no recent account as to the need for this medication, response to sleep hygiene or recent sleep evaluations. Furthermore Somnicin contains Vit B6 which is not indicated for use in sleep or neuropathy. **The request for Somnicin #30 is not medically necessary and appropriate.**

3) Regarding the request for Genicin 500mg #90:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Glucosamine, pg. 50, which is a part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option for moderate knee osteoarthritis. A review of the records indicated there is no recent documentation about knee pain/osteoarthritis or any reason why this medication would be medically necessary in this employee. **The request for Genicin 500mg #90 is not medically necessary and appropriate.**

4) Regarding the request for Laxacin #100 :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Mosby's Drug Consult, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Opioids, initiating therapy, which is not a part of the MTUS.

Rationale for the Decision:

Docusate or Lexacin is a stool softener. A review of the records indicates that although there is mention of GI reflux, there is no evidence or documentation of

constipation. The current opioid regimen is not noted to correlate any necessity of a stool softener. In addition the ODG guidelines state the following:

If prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy.

First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In this case there is no documentation of failure of 1st line of therapy . **The request for Error! Reference source not found.**

5) Regarding the request for FLURBI(NAP) Cream-LA 180 grams (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4% :

The Medical Treatment Guidelines 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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, topical analgesics, pg. 111-112, which is a part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines cited above : topical analgesics are recommended within certain guidelines. Topical NSAIDS have been shown to be superior to placebo during the first two weeks of treatment of osteoarthritis. It is recommended for short-term use between four and 12 weeks. Topical treatment can result in blood concentrations similar to oral forms. Caution should be used for patients at risk including those with renal failure. Since Flurbiprofen is included inLurbinap and an NSAID is not medically necessary, any compound product that contains at least one drug that is not recommended is not recommended. **The request for FLURBI(NAP) Cream-LA 180 grams (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%**

6) Regarding the request for GABACYCLOTRAM 180 grams (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) :

The Medical Treatment Guidelines 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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, topical analgesics, pg. 111-113, which is a part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines gabapentin is not recommended topically. According to the guidelines any compound product that contains at least one drug that is not recommended is not recommended. **The request for GABACYCLOTRAM 180 grams (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) 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,

Paul Manchester, MD, MPH
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.