
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

IMR Case Number:	CM13-0011875	Date of Injury:	10/14/2011
Claims Number:	[REDACTED]	UR Denial Date:	8/14/2013
Priority:	Standard	Application Received:	8/15/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			

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 42-year-old male who reported an injury on 10/14/2011 with mechanism of injury stated to be the patient was giving an inmate a flu shot and the inmate pushed him into a rail. The patient was noted to have persistent low back pain and to have numbness along the anterior thigh. The patient was noted to have tenderness along the lumbar paraspinal muscles bilaterally. The diagnoses were stated to include chronic back pain with radicular pain into the right leg due to the L3 and L4 radiculopathy based on history and physical examination, as well as MRI and meralgia paresthetica. The request was made for Flexeril 7.5 mg #60, Terocin cream 120 mL, and Medrox patches #20.

IMR DECISION(S) AND RATIONALE(S)

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

1. Flexeril 7.5mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 2009, Flexeril, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Cyclobenzaprine (Flexeril), page 41, which is part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines recommend Flexeril for a short course of therapy. The examination of 06/03/2013 revealed the employee had subjective complaints of pain in the low back making it difficult to sleep. Additionally, the employee was noted to have numbness on the right thigh and there was noted to be referral to a pain management specialist. The objective findings included the employee had tenderness along the lumbar paraspinal muscles bilaterally. The

request was made for Flexeril 7.5 mg #60 for muscle spasms. The employee was approved on 05/12/2013 for Flexeril and there is a lack of documentation of the efficacy of the medication. Additionally, it was noted the medication has been partially-certified in the past and continues to be prescribed and is for short-term use only. The documentation failed to provide the necessity for long-term treatment with the requested medication. **The request for Flexeril 7.5mg #60 is not medically necessary and appropriate.**

2. Terocin cream 120ml is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule, 2009, Pain-Topical analgesics Lidocaine.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 28, 104, and 111-112, which are part of the MTUS; and the following website: www.drugs.com/search.php?searchterm=Terocin, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

California Medical Treatment Utilization Schedule (MTUS) does not specifically address Terocin. Official Disability Guidelines (ODG), does not specifically address Terocin. Drugs.com indicates that the medication is a combination of capsaicin / lidocaine / menthol / methyl salicylate for temporary relief of aches and pains in muscles and joints. CA MTUS recommends topical Salicylates for pain and the CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....Topical Lidocaine is only FDA approved in the form of a Lidoderm patch for neuropathic pain." The clinical documentation submitted for review indicated that the cream and Medrox patches had been very helpful. However, it failed to provide the employee had an objective examination indicative of neuropathic pain or that the employee had not responded or was intolerant to other treatments. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to guideline recommendations. **The request for Terocin cream 120ml is not medically necessary and appropriate.**

3. Medrox patches #20 is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS, 2009, Chronic Pain, page 105, Topical Salicylate, pages 111-113, Topical Analgesics.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 111-112, which are part of the MTUS; and the Medrox online package insert, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

California Medical Treatment Utilization Schedule (MTUS), does not specifically address Medrox. Official Disability Guidelines (ODG), does not specifically address Medrox. According to the Medrox package insert, Medrox is a topical analgesic Menthol 5.00% and 0.0375% Capsaicin. According to the package insert it is indicated for "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended....
Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy.” The clinical documentation submitted for review indicated the employee had persistent low back pain and indicated the employee had requested a refill of the Medrox patch that had been very helpful. However, the clinical documentation submitted for review failed to provide the necessity for capsaicin at the 0.0375% formulation and failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Therefore, since the Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not medically necessary. **The request for Medrox patches #20 is not medically necessary and appropriate.**

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.



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