
Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/7/2013
Date of Injury:	5/9/2012
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0016825

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Medrox patch #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **compound medication consisting of 240gr Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2% is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **compound medication consisting of 240gr flurbiprofen 20%, Tramadol 20% is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 patch #30** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **compound medication consisting of 240gr Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2%** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **compound medication consisting of 240gr flurbiprofen 20%, Tramadol 20%** is not **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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 9, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compound; a back brace; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.

In a utilization review report of August 7, 2013, the claims administrator denied the request for Medrox, Neurontin, and a topical compound.

A later note of October 1, 2013 is notable for comments that the applicant remains off of work, on total temporary disability. It is stated that the applicant is refusing surgery. The applicant exhibits a palpable trigger finger, it is stated. The note is quite sparse and difficult to follow. A note of August 20, 2013 also suggests that the applicant remains off of work, on total temporary disability.

Finally, note of July 5, 2013 preceded the utilization review decision and is notable for comments that the applicant's pain medications are helping his pain, as is his back brace. He is asked to pursue additional aquatic therapy, topical compounds, Motrin, and Neurontin while remaining off of work, on total temporary disability.

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 [Choose an item.](#)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Medrox patch #30:

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 part of the MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg 47, as well as the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111, which are part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first-line palliative method. There is no evidence of intolerance to and/or failure of multiple classes of oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended" and are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." It is noted that the employee has used this particular agent chronically and failed to derive any prior benefit or functional improvement through prior usage of the same. While the employee reports subjective pain relief, the fact that the employee remains off of work, on total temporary disability, implies a lack of functional improvement as defined in section 9792.20f. **The request for Medrox patch #30 compound is not medically necessary and appropriate.**

2) Regarding the request for compound medication consisting of 240gr Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2%:

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 part of the MTUS. The Claims Administrator also

based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg 47, as well as the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111, which are part of the MTUS.

Rationale for the Decision:

As with the other topical compound, oral pharmaceuticals represents the most appropriate first-line palliative method. There is no evidence of intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical agents and/or topical compounds which, per ACOEM table 3-1 are “not recommended” and are, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines “largely experimental.” **The request for compound medication consisting of 240gr Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2% is not medically necessary and appropriate.**

3) **Regarding the request for compound medication consisting of 240gr flurbiprofen 20%, Tramadol 20%:**

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 part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg 47, as well as the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111, which are part of the MTUS.

Rationale for the Decision:

As with the other drugs, there is no evidence of intolerance to and/or failure of first-line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which are neither recommended ACOEM table 3-1 or page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that, as with the other agents, that the employee has used this particular topical compound chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the employee remains off of work, on total temporary disability, several years removed from the date of injury, implies a lack of functional improvement as defined in MTUS 97892.20f. **The request for compound medication consisting of 240gr flurbiprofen 20%, Tramadol 20% 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

/skf

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.