

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

8/14/2013

Date of Injury:

4/26/2012

IMR Application Received:

8/29/2013

MAXIMUS Case Number:

CM13-0018184

- 1) MAXIMUS Federal Services, Inc. has determined the request for **retrospective Cyclobenzaprine/Capsaicin powder/Lidocaine powder/Glycerin liquid/Flurbiprofen powder** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **retrospective Ketoprofen powder/Glycerin liquid/Lidocaine HCL powder/Capsaicin powder/ Tramadol HCL powder** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/14/2013. 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 **retrospective Cyclobenzaprine/Capsaicin powder/Lidocaine powder/Glycerin liquid/Flurbiprofen powder is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **retrospective Ketoprofen powder/Glycerin liquid/Lidocaine HCL powder/Capsaicin powder/ Tramadol HCL powder 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 Internal 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 patient is a 55 years old male who worked as [REDACTED]. He started his employment with this company on April 20, 1975, in the capacity of a meter repairman. On January 28 and 31, 2012, patient claimed to have sustained multiple on the job injuries that necessitated prescription of Cyclobenzaprine/Capsaicin powder/Lidocaine powder/Glycerin liquid/Flurbiprofen powder and Ketoprofen powder/Glycerin liquid/Lidocaine HCL powder/Capsaicin powder/ Tramadol HCL powder for topical chronic pain management.

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:

- [REDACTED]

1) Regarding the request for retrospective Cyclobenzaprine/Capsaicin powder/Lidocaine powder/Glycerin liquid/Flurbiprofen powder :

Section of the Medical Treatment Utilization Schedule 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 Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, page 111, which is part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Pain Medical Treatment Guidelines, page 111, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. **The request for retrospective Cyclobenzaprine/Capsaicin powder/Lidocaine powder/Glycerin liquid/Flurbiprofen powder is not medically necessary and appropriate.**

2) Regarding the request for retrospective Ketoprofen powder/Glycerin liquid/Lidocaine HCL powder/Capsaicin powder/ Tramadol HCL powder:

Section of the Medical Treatment Utilization Schedule 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 Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, page 111, which is part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Pain Medical Treatment Guidelines, page 111, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are

compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. **The request for retrospective Ketoprofen powder/Glycerin liquid/Lidocaine HCL powder/Capsaicin powder/ Tramadol HCL powder 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

/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.