MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

1544
[redacted]

Dated: 12/26/2013

IMR Case Number:	CM13-0019660	**Date of Injury:**	03/12/2003
Claims Number:	[redacted]	**UR Denial Date:**	08/15/2013
Priority:	STANDARD	**Application Received:**	09/03/2013
Employee Name:	[redacted]		
Provider Name:	[redacted] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 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:

Patient is a 54 year old male who on March 12, 2003, during the course of employment, was walking to his truck when he was struck by a backhoe which threw him into his truck mirror. He reported he flew 20 feet behind his truck onto the concrete ground, sustaining injuries to the head, shoulders, back, neck, and left arm. He reported this injury to his employer, and received medical care at Cedar Sinai hospital. Patient was managed by Dr [redacted] who performed multiple surgeries to the patient neck in 2004 and 2005 respectively. He returned to work in 2008. On June 30, 2009, the patient stated that while pulling a compactor onto a lift gate of a truck, he experienced pain to his neck and back. He did report this injury to his employer, and was referred to us. HealthWorks for treatment. The patient also sustained additional work related injuries in 2010 and 2011 all in the month of June. He had surgery to the left elbow and neck area as a result of these injuries. The following diagnosis were made: 10 Status post C4-7 Anterior Cervical Discectomy and Fusion (ACDF) times two with C3-4 Junctional Level Pathology, bilateral Shoulders internal derangement, Carpal Tunnel?, double Crush Syndrome, and tennis elbow (Left). He was prescribed multiple pain medications including oral and topical analgesics.

IMR DECISION(S) AND RATIONALE(S)

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

1. 50 medrox patches is medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Anagesics, pg. 113, which is part of the MTUS. Journal of Pharmacology and Experimental Therapeutics (JPET Fast Forward. Published on September 5, 2012, which is not part of the MTUS.

The Physician Reviewer's decision rationale: According to MTUS, Topical Analgesics, "Largely experimental with few randomized controlled trials to determine efficacy or safety and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) 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). (Argoff, 2006) 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended**.** The Compund Medrox is a mixture of methyl salicylate, menthol, capsaicin prescribed as a patch for neuropathic pain management."

Although MTUS Chronic Pain Medical Treatment Guidelines, made no mention of Menthol as a recommended topical analgesic, a literature search of Journal of Pharmacology and Experimental Therapeutics Published on September 5, 2012 revealed that Menthol is one of the most commonly used chemicals in our daily life, not only because of its fresh flavor and cooling feeling but also because of its medical benefit. Previous studies have suggested that menthol produces analgesic action in acute and neuropathic pain through peripheral mechanisms. However, the central actions and mechanisms of menthol remain unclear. Recent studies report that menthol has direct effects on the spinal cord. Menthol decreased both ipsilateral and contralateral pain hypersensitivity induced by complete Freund's adjuvant in a dose dependent manner. Menthol also reduced both first and second phases of formalin-induced spontaneous nocifensive behavior. **The request for 50 medrox patches is not medically necessary and appropriate.**

2. 90 Norco 10/325mg is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Opioid , Criteria for Use , pgs. 52, 76, 77, 93, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the MTUS, Chronic Pain Medical Treatment Guidelines, Norco (hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetaminophen) is Indicated for moderate to moderately severe pain however. The MTUS stipulated specific criteria to follow

before a trial of opioids for chronic pain management, and the medical records provided for review does not indicate that these guidelines were followed. Studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use. **The request for 90 Norco 10/325mg is not medically necessary and appropriate.**

3. One prescription for 240mg of flurbiprofen 15 percent, Cyclobenzaprine 10 percent is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs112 to 113, which is part of the MTUS.

According to MTUS, Topical Analgesics, "Largely experimental with few randomized controlled trials to determine efficacy or safety and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) 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). (Argoff, 2006) 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Compund Medrox is a mixture of methyl salicylate, menthol, capsaicin prescribed as a patch for neuropathic pain management." **The request for one prescription for 240mg of flurbiprofen 15 percent, Cyclobenzaprine 10 percent, is not medically necessary and appropriate.**

4. Presription for 240mg of tramadol 8 percent, gabapentin 10 percent, menthol 2 percent, camphor 2 percent, capsaicin 0.5 percent is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the chronic Pain Medical Treatment Guidelines Topical Analgesics, pgs. 112-113, which is part of the MTUS.

According to MTUS, Topical Analgesics, "Largely experimental with few randomized controlled trials to determine efficacy or safety and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) 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). (Argoff, 2006) 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Compund Medrox is a mixture of methyl salicylate, menthol, capsaicin prescribed as a patch for neuropathic pain management." Additional, there is no evidence for use of any muscle relaxant such as cyclobenzaprine as a topical product, according to the MTUS**. The request for one presription for 240mg of tramadol 8 percent, gabapentin 10 percent, menthol 2 percent, camphor 2 percent, capsaicin 0.5 is not medically necessary and appropriate.**

5. One injection combination of Toradol and 1 CC B12 injection is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 72, which is part of the MTUS.

The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for use of Vitamin B12 injection in chronic pain management did not provide any evidence based guidelines for such indication. The medical records provided for review did not describe the employee as having evidence of Vitamin B 12 deficiency to necessitate the use of parenteral Vitamin B12. Additionally, the MTUS stipulates that Ketorolac (Toradol®, generic available): 10 mg. [Boxed Warning]: "This medication is not indicated for minor or chronic painful conditions". The employee has over ten years of chronic pain conditions, and therefore Ketorolac injection is not indicated for minor or chronic painful conditions. **The request for one injection combination of Toradol and 1 CC B12 injection is not medically necessary and appropriate.**

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[redacted]

CM13-0019660