
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

7/13/2009

7/16/2013

CM13-0001626

- 1) MAXIMUS Federal Services, Inc. has determined the request for eight (8) chiropractic visits **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for DME: Kronos lumbar spine brace **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%) cream **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%) cream **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 eight (8) chiropractic visits **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for DME: Kronos lumbar spine brace **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%) cream **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%) cream **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013

“The patient is a 50 year-old male patient s/p injury 7/13/09.....

“The patient presents with ongoing low back and neck symptomatology. He indicates that his low back symptoms are aggravated by prolonged standing and walking, and bending on his knees. He does report stiffness and achiness in his neck. Examination of the cervical spine reveals full range of motion. There is pain at end range. Foraminal compression test is negative. Spurling's maneuver is negative as well. Examination of the lumbar spine reveals range of motion is good, mildly reduced with pain. Sciatic stretch sign is negative. Straight leg raise is negative. There is mild decreased sensation on (L) L5 dermatomal level. There is spasm and tenderness noted in the (L) paravertebral musculature.

“Today, the patient's condition established the need for compound topical medications which are being administered in-office per physician instructions. The efficacy of these medications will be reviewed upon the patient's return visit.”

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 for Independent Medical Review (received 7/16/13)
- Utilization Review Determination (dated 7/5/13)
- Chronic Pain Medical Treatment Guidelines (2009), Manual therapy & manipulation, pgs. 48-50
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg. 301 (Lumbar Supports)
- Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pgs.101-103
- Appeal to a Utilization Review Denial from [REDACTED], MD (dated 7/22/13)
- Chronic Pain Medical Treatment Guidelines(2009), 9792.24.2 (e), Appendix D
- Chronic Pain Medical Treatment Guidelines (2009), Pain Outcomes and Endpoints, pg. 8
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, Physical Methods, pg. 34
- Progress Reports from [REDACTED], MD (dated 1/11/13-6/13/13)
- Drug Screening Report from [REDACTED] (dated 2/11/11)

1) Regarding the request for eight (8) chiropractic visits:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Manual therapy & manipulation section, part of the Medical Treatment Utilization Schedule (MTUS). The Primary Treating Provider replied to the offer to provide information, citing the Chronic Pain Medical Treatment Guidelines (2009), 9792.24.2 (e), Appendix D, part of the MTUS, the Chronic Pain Medical Treatment Guidelines (2009), Pain Outcomes and Endpoints, pg. 8, part of the MTUS, ACOEM, 2nd Edition, (2004), Chapter 3, Physical Methods, pg. 34, part of the MTUS, The Medical Disability Advisor, Fifth Edition, Volume I, page 482, under Reasons for Procedure of Chiropractic Adjustments, which is not part of the MTUS, The Official Disability Guidelines (current version), Neck and Upper Back Chapter, Manipulation Section, which is not part of the MTUS, and Garner, et. al. article “Chiropractic Care of Musculoskeletal Disorders in a Unique Population within Canadian Community Health Centers”, (Journal of Manipulative Physiotherapy, 2007), which is not part of the MTUS, were applicable and relevant to the issue at dispute. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 7/13/2009 the employee sustained a work related injury. A review of the submitted medical records indicates diagnoses of cervical spine and lumbar spine discopathy, lumbar radiculopathy, left shoulder pain, left wrist pain, headaches, and sleep disturbance. The records indicate treatment has included: Motrin and a compounded topical medication. A progress report dated 6/13/13 indicates the employee experiences ongoing low back and neck symptomatology. A request was submitted for 8 chiropractic visits, a lumbar spine brace, Fluriflex cream and TGHOT cream.

MTUS Chronic Pain Guidelines recommend manual therapy and manipulation for “chronic pain if caused by musculoskeletal conditions” and recommend an initial trial of 6 visits over 2 weeks and up to 18 visits with evidence of functional improvement. The reviewed medical records indicate the employee’s cervical spine range of motion was noted as full, and the lumbar spine range of motion was noted as “good”. There is no evidence in the submitted records to indicate the employee has utilized prior chiropractic treatment or the efficacy of this intervention. The requested eight (8) chiropractic visits is in excess of guideline recommendations for an initial therapeutic trial. The request for eight (8) chiropractic visits **is not medically necessary and appropriate.**

2) Regarding the request for DME: Kronos lumbar spine brace:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12 – Low Back Complaints, Physical Methods section, part of the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) (current version), Treatment Protocols, 5th edition, which is not part of the Medical Treatment Utilization Schedule (MTUS). The Primary Treating Provider replied to the offer to provide information, citing the MTUS was not appropriate and relevant, and referenced, Labor Code 4600 (a), which is not part of the MTUS, The Medical Disability Advisor Fifth Edition, Volume II, page 2026, under Sprains and Strains of the Lumbar Spine, which is not part of the MTUS, the Blue Cross of California UM Guide, which is not part of the MTUS, and an article, “Lumbosacral orthoses reduce trunk muscle activity in postural control task” by Cholewicki J, Reeves NP, Everding VQ and Morrisette DC, Journal of Biomechanics. 2007;40(8):1731-6, which is not part of MTUS. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 7/13/2009 the employee sustained a work related injury. A review of the submitted medical records indicates diagnoses of cervical spine and lumbar spine discopathy, lumbar radiculopathy, left shoulder pain, left wrist pain, headaches, and sleep disturbance. The records indicate treatment has included:

Motrin and a compounded topical medication. A progress report dated 6/13/13 indicates the employee experiences ongoing low back and neck symptomatology. A request was submitted for 8 chiropractic visits, a lumbar spine brace, Fluriflex cream and TGHOT cream.

MTUS ACOEM Guidelines indicate that “lumbar supports have not been shown to have any lasting benefit beyond the acute phase of injury” and there is a lack of evidence to support their effectiveness in preventing back pain. The records indicate the employee sustained a work-related injury in 2009 and is no longer in the acute phase of injury. A further review of the medical records indicate cervical spine range of motion was noted as full, lumbar spine range of motion was noted as “good”, and there is no evidence of instability. The request for DME: Kronos Lumbar Spine Brace **is not medically necessary and appropriate.**

3) Regarding the request for FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%) cream :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics section, part of the Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG) (current version), Pain Chapter, Topical analgesics section, which is not part of the MTUS. The Primary Treating Provider replied to the offer to provide information, citing the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pgs.101-103, part of the MTUS, The Official Disability Guidelines Treatment in Worker’s Compensation, 2009, Procedure Summary-Pain, Topical Analgesics, on page 1117, which is not part of the MTUS, “Topical Analgesics” by McCleane, G, published in Anesthesiology clinics XXV:4 (December 2007), pages 825-39, which is not part of the MTUS, and “Topical and Peripherally-Acing Analgesics” by Sawynok, J, published in Pharmacological Reviews, LV:1 (March 2003), pages 1-20, which is not part of the MTUS, were applicable and relevant to the issue at dispute. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 7/13/2009 the employee sustained a work related injury. A review of the submitted medical records indicates diagnoses of cervical spine and lumbar spine discopathy, lumbar radiculopathy, left shoulder pain, left wrist pain, headaches, and sleep disturbance. The records indicate treatment has included: Motrin and a compounded topical medication. A progress report dated 6/13/13 indicates the employee experiences ongoing low back and neck symptomatology. A request was submitted for 8 chiropractic visits, a lumbar spine brace, Fluriflex cream and TGHOT cream.

MTUS Chronic Pain Guidelines state that topical analgesics are “largely experimental” and “any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended”. The guidelines note

there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. The request for FluriFlex **is not medically necessary and appropriate.**

**4) Regarding the request for TGHOT
(Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%) Cream:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, part of the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) (current version), Pain Chapter, Topical analgesics section, which is not part of the MTUS. The Primary Treating Provider replied to the offer to provide information, citing the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pgs.101-103, part of the MTUS. The Official Disability Guidelines Treatment in Worker's Compensation, 2009, Procedure Summary-Pain, under Topical Analgesics, on page 1117, which is not part of the MTUS, "Topical Analgesics" by McCleane, G, published in Anesthesiology clinics XXV:4 (December 2007), pages 825-39, which is not part of the Medical Treatment Utilization Schedule (MTUS) and "Topical and Peripherally-Acing Analgesics" by Sawynok, J, published in Pharmacological Reviews, LV:1 (March 2003), pages 1-20, which is not part of the MTUS. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 7/13/2009 the employee sustained a work related injury. A review of the submitted medical records indicates diagnoses of cervical spine and lumbar spine discopathy, lumbar radiculopathy, left shoulder pain, left wrist pain, headaches, and sleep disturbance. The records indicate treatment has included: Motrin and a compounded topical medication. A progress report dated 6/13/13 indicates the employee experiences ongoing low back and neck symptomatology. A request was submitted for 8 chiropractic visits, a lumbar spine brace, Fluriflex cream and TGHOT cream.

MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the employee was intolerant of other treatments. The request for topical TGHOT is not in accordance with the MTUS guidelines. The request for TGHOT (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%) Cream **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/db

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.