
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/6/2013
Date of Injury:	8/15/2012
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0002150

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for Diclofenac Flex-Plus 10%/10%/5% (Diclofenac/Cyclobenzaprine/Lidocaine) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Bio-Therm (Capsaicin 0.002%) **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 retrospective request for Diclofenac Flex-Plus 10%/10%/5% (Diclofenac/Cyclobenzaprine/Lidocaine) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Bio-Therm (Capsaicin 0.002%) **is 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 6, 2013:

"Mr. [REDACTED] presented to my [REDACTED] office for examination and treatment of injuries sustained in the course of his occupation as an underground utilities locator while working for [REDACTED].

"At the time of the initial examination, Mr. [REDACTED] presented with complaints involving his low back with radiation of pain and numbness into the left lower extremity extending into the knee and ankle.

"The initial examination findings were consistent with lumbar sprain injury with neurological findings of the left lower extremity consistent with radicular involvement. The objective findings were consistent with the patient's presentation and are directly related to the industrial injury that occurred in the course of his occupation as an [REDACTED].

"The patient is two months from injury. He did have six sessions of physical therapy with great improvement in his symptoms. Given his improvement I would recommend continued physical therapy for the lumbar spine. Also understand the patient did undergo an MRI, will request the results be forwarded to my office for review.

"For pain, we will try some Lidocaine and topical cream. He will continue restricted duty; desk work only; lifting, pulling, and pushing less than 10 pounds. We will see him back in six weeks' time to check his progress."

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 on 07/19/2013)
- Utilization Review Determination from [REDACTED] (dated 07/06/2013)
- Employee medical records from [REDACTED] (dated 07/06/2013)
- Medical Treatment Utilization Schedule

1) Regarding the retrospective request for Diclofenac Flex-Plus 10%/10%/5% (Diclofenac/Cyclobenzaprine/Lidocaine):

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

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), pages 123-125, but did not indicate the specific section of the MTUS used. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, pages 111-113, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 8/15/2012 and diagnosed with L4-5 disc herniation with left sided neuroforaminal compromise. The employee is experiencing significant lower back pain with left anterolateral lower leg numbness. The retrospective request is for Diclofenac Flex-Plus 10%/10%/5% (Diclofenac/Cyclobenzaprine/Lidocaine).

The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Diclofenac Flex-Plus is a topical analgesic that contains Diclofenac, Cyclobenzaprine, and Lidocaine. Cyclobenzaprine is a muscle relaxant, and topical muscle relaxants are not recommended. The guidelines state that for any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The retrospective request for Diclofenac Flex-Plus 10%/10%/5% (Diclofenac/Cyclobenzaprine/Lidocaine) **is not medically necessary and appropriate.**

2) Regarding the retrospective request for Bio-Therm (Capsaicin 0.002%):

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

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), pages 123-125, but did not indicate the specific section of the MTUS used. The provider did not dispute the guidelines used by

the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, pages 111-113, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 8/15/2012 and diagnosed with L4-5 disc herniation with left sided neuroforaminal compromise. The employee is experiencing significant lower back pain with left anterolateral lower leg numbness. The retrospective request is for Bio-Therm (Capsaicin 0.002%).

The MTUS Chronic Pain Medical Treatment Guidelines state that there is limited evidence of benefit from the use of topical capsaicin, and although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Bio-Therm is a topical analgesic that contains Capsaicin. The retrospective request for Bio-Therm (Capsaicin 0.002%) **is 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

/ldh

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.