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**Notice of Independent Medical Review Determination**

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/16/2013  
Date of Injury: 6/8/2011  
IMR Application Received: 7/24/2013  
MAXIMUS Case Number: CM13-0002655

- 1) MAXIMUS Federal Services, Inc. has determined the request for topical analgesic preparation containing Diclofenac, Flubiprofen 10 and 25% in pencream base **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for topical analgesic preparation containing Amitriptyline 4%, Dextromethorpahn 10% and Tramadol 20% in pencream base **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for pantoprazole sodium **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for nabumetone **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 topical analgesic preparation containing Diclofenac, Flubiprofen 10 and 25% in a pencream base **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for topical analgesic preparation containing Amitriptyline 4%, Dextromethorphan 10% and Tramadol 20% in a pencream base **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for pantoprazole sodium **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for nabumetone **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.

### **Expert Reviewer Case Summary:**

The claimant is a 28-year-old male with date of injury on 6/8/2011 and 6/14/2011. He has chronic cervicalgia, chronic thoracic pain, right shoulder pain, right knee pain with recurrent myofascial strain and neuropathic pain.

A pain management follow-up evaluation report dated 6/27/2013 reports that the claimant has neck and upper back pain rated as 5/10. Neck pain has increased while knee pain has decreased since his last visit. He has been taking Relafen and Vicodin regularly which are helping with his pain. Physical exam is notable for the following: Antalgic gait to the right. Heel-toe walk exacerbates the antalgic gait to the right. Cervical spine exam shows decrease in lordosis, moderate tenderness to palpation and spasms noted over the cervical paraspinal muscles, extending into the right trapezius and rhomboid muscles, positive axial head compression on the right, Spurling sign positive on the right, flexion and lateral rotation have some reduced range of motion. Bilateral upper extremity exams are normal with the exception of 4/5 strength in right shoulder abductors and reduced right brachioradialis deep tendon reflex. Diagnoses include cervical disc disease, cervical radiculopathy, right shoulder sprain/strain, right knee medial meniscal tear. Treatment recommendations include third cervical epidural

steroid injection, and if symptoms do not improve he will be referred to a spine surgeon, refill of protonix, urine tox screen to ensure medication compliance, and follow up examination.

An orthopedic joint panel QME report dated 4/6/2013 states that the claimant reports no changes since the last QME dated 6/16/2012. He complains of sharp pain in the upper back and neck, intermittent popping and aching pain in the anterior right shoulder joint, and occasional numbness from the right shoulder radiating down the entire arm to fingers. History of injury includes the following: On June 8, 2011 the claimant was pushing a box when he felt pain the upper, mid and lower back. He was evaluated at an occupational health clinic where was given modified duties, and then at his personal physician where he was given an injection and sent home. On June 14, 2011 he was coming down off a cherry picker and hit his right knee against the racks. August 2012 he was provided physical therapy for neck and back that the claimant reported not beneficial. Acupuncture was discussed for the back and neck, but the claimant was unable to attend both physical therapy and the acupuncture visits due to scheduling problems. Physical therapy was stopped due to surgery on his right knee. November 13, 2012 the claimant had surgery to the right knee to repair a torn meniscus, which the claimant reported beneficial. He had approximately three weeks of physical therapy, and still has some difficulty squatting. February 2013 he was seen for his neck injury, and medication was prescribed and he was provided with an epidural injection in to the neck at C4 and C5 which was of benefit for only one week and the pain returned with the same intensity. He is currently taking Vicodin and Relafen. Diagnoses include: 1. Cervical strain/sprain with MRI scan of July 12, 2011 demonstrating a 1.8 mm central disk protrusion at C4-5, a 2.7 mm right paracentral disk protrusion at C5-6 with mild right neural foraminal narrowing, and a 1.8 mm disk at C6-7 with mild impression on the thecal sac. 2. Right upper extremity symptoms. 3. Resolving thoracic strain with negative MRI scan of August 16, 2012 just showing non-specific hypertrophy bony changes left costovertebral junction T7 and T8 without evidence of acute injury, disk protrusion, or central canal stenosis. 4. Right knee lateral meniscal tear demonstrated on MRI scan of July 12, 2011 and subsequent arthroscopic surgery November 13, 2012.

A progress note dated 2/8/2013 documents moderate tenderness and restricted cervical range of motion with presence of myospasm. There is no reflex, sensory or motor deficit except for diminished right C6 dermatome distribution diminished sensation and diminished right brachioradialis deep tendon reflex.

A comprehensive pain management consultation report dated 7/27/2012 reports complaints of neck pain, mid back pain, and right knee pain. The neck pain is described as stabbing and rated as 6/10 without medication that is associated with pressure, stiffness and some cracking sensation. This pain radiates down to the right upper extremity with some occasional numbness of the right arm. The back pain is described as stabbing and rated at 6/10 without medication and associated with spasms and throbbing sensation, which radiates to the upper back. Right knee pain is described as achy and rated 7/10 without medication and is associated with weakness. Physical exam is consistent with exam findings on later evaluations, as noted above. Medications prescribed included Flexeril, Vicodin, Relafen, Ondansetron, and topical analgesia, balms and creams. Ondansetron was prescribed as claimant has significant history of nausea following taking medications.

## 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 7/23/2013)
- Utilization Review Determination from [REDACTED] (dated 7/16/2013)
- Employee Medical Records from [REDACTED] (received 9/18/2013)
- Employee Medical Records from Employee Representative (received 8/6/13)
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for topical analgesic preparation containing Diclofenac, Flubiprofen 10 and 25% in a pencream:

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

The Claims Administrator based its decision on the CA MTUS, NSAIDs and topical analgesics, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111-112, NSAIDs, pg 67-68, which is part of the MTUS.

#### Rationale for the Decision:

There is no mention of this medication order in any of the medical documentation available for review. The medical notes reviewed indicate the employee has fairly stable chronic cervicalgia, chronic thoracic pain, right shoulder pain, right knee pain with recurrent myofascial strain, and neuropathic pain with adequate medication management on Vicodin, Relafan, and protonix. The use of NSAIDs (diclofenac and flubiprofen) would be appropriate and supported by the guidelines in this case; however, the records state that the employee is already taking Relafan, another NSAID. The records do not indicate if there is a change in NSAID medication from Relafan to diclofenac and flubiprofen. **The request for topical analgesic preparation containing diclofenac, flubiprofen 10 and 25% in a pencream base is not medically necessary and appropriate.**

### 2) Regarding the request for topical analgesic preparation containing Amitriptyline 4%, Dextromethorphan 10% and Tramadol 20% in a pencream base:

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

The Claims Administrator based its decision on the CA MTUS, topical analgesics, antidepressants for chronic pain, tramadol (Ultram®) and opioids, pg 74-97, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, topical analgesics, pg. 111-112 and tramadol (Ultram®), pg. 93-94, which are part of the MTUS and the Benzoin: Raj's Practical Management of Pain, 4<sup>th</sup> ed., Chapter 15, which is not part of the MTUS.

Rationale for the Decision:

There is no mention of this medication order in any of the medical documentation available for review. The medical notes reviewed indicate the employee has fairly stable chronic cervicalgia, chronic thoracic pain, right shoulder pain, right knee pain with recurrent myofascial strain, and neuropathic pain with adequate medication management on Vicodin, Relafan, and protonix. The Chronic Pain Guidelines note that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support the use of tramadol in a topical formulation. **The request for topical analgesic preparation containing Amitriptyline 4%, Dextromethorphan 10% and Tramadol 20% in a pencream base is not medically necessary and appropriate.**

**3) Regarding the request for pantoprazole sodium:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Pain, which is not part of the MTUS.

The Expert Reviewer based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pg. 67-68, which is part of the MTUS.

Rationale for the Decision:

The MTUS Guidelines recommend a proton pump inhibitor (PPI) like pantoprazole sodium with NSAIDs for individuals at intermediate risk for gastrointestinal events and no cardiovascular disease. The medical records reviewed indicate the employee had been taking Relafan (an NSAID) and pantoprazole sodium on a regular basis. **The request for pantoprazole sodium is medically necessary and appropriate.**

**4) Regarding the request for nabumetone:**

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) pg. 67-68, which is part of the MTUS.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Guidelines state in regard to use of NSAIDs, recommended for osteoarthritis/back pain at the lowest dose for the shortest period in individuals with moderate to severe pain. The guidelines further note NSAIDs may be useful to treat breakthrough and mixed pain conditions. Relafan contains nabumetone, which is an NSAID. The medical records provided for review indicate the employee has been taking Relafan in conjunction with Vicodin for pain control with documented positive results. **The request for nabumetone 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;

Paul Manchester, MD, MPH  
Medical Director

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

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