
Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 10/21/2009
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002822

- 1) MAXIMUS Federal Services, Inc. has determined the request for Medication consult x 2, toxicology to follow medication adherence x 2 in 3-6 months **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Norco 10/325 #60 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Flexeril 7.5mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Omeprazole 20mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Gabaclotram 180G **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Terocin 260ml **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Flubiprofen 180G **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Laxacin #60 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 Medication consult x 2, toxicology to follow medication adherence x 2 in 3-6 months **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Norco 10/325 #60 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Flexeril 7.5mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Omeprazole 20mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Gabaclotram 180G **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Terocin 260ml **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Flubiprofen 180G **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Laxacin #60 **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 Physical Medicine and Rehabilitation, 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 17, 2013:

"The claimant is a male, who sustained injury to the low back on 10/21/09. He is diagnosed with lumbar strain/sprain. The AP is requesting for UDS and multiple

medications including compounded medication. No documentation of progressive deficits or extraneous circumstances was provided."

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 (dated 7/24/2013)
- Utilization Review from [REDACTED] (dated 7/17/2013)
- Medical Records from [REDACTED] DC (dated 7/25/12-7/10/13)
- Medical Records from [REDACTED] MD (dated 11/8/12)
- Medical Records from [REDACTED] (dated 11/19/12)
- Medical Records from [REDACTED] (dated 1/14/13)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Medication consult x 2, toxicology to follow medication adherence x 2 in 3-6 months:

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. 43 of 127 which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 94-95 as well as the ACOEM Practice Guidelines, 2nd Edition (2004) pg.127 which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on October 21, 2009, resulting in lower back pain. The medical records provided for review indicate lumbar pain, helped with Norco and creams. The treatment plan was for Norco, Flexeril, omeprazole, gabacyclotram 180g, terocin 240ml, flurbiprofen 180g, laxacin 50mg and 2 urine drug screens. The request is for medication consultations x 2, toxicology to follow medication adherence x 2 in 3-6 months.

ACOEM guidelines state that consultation is recommended "to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant... may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." According to the medical records provided for review, the medication consult is necessary as the primary treating provider (PTP) is a chiropractor and cannot prescribe medications. The PTP had referred the patient to an appropriate physician for medication prescriptions. MTUS guidelines recommend frequent urine drug screens for medication compliance. Opiate pain medications were prescribed, substantiating the need for frequent urine drug screening. Even though it appears that the requesting physician did not request the medical consultation x 2 and toxicology x 2, these would still be appropriate for monitoring or refilling the patient's prescriptions.

MTUS/ACOEM guidelines do recommend the use of medication consultations x 2, toxicology to follow medication adherence x 2 in 3-6 months. The request for medication consult x 2, toxicology to follow medication adherence x 2 in 3-6 months **is medically necessary and appropriate.**

2) Regarding the Error! Reference source not found.:

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). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, part 2 – Pain Interventions and Treatments, pg. 11 of 127; Pain Outcomes and Endpoints, pg. 8 of 127, Opioids, pg. 94 which is part of the MTUS; and in addition cited the **Dept. of Consumer Affairs, Medical Board of California, Guidelines for prescribing controlled substances for Pain.**

Rationale for the Decision:

The employee sustained a work-related injury on October 21, 2009, resulting in lower back pain. The medical records provided for review indicate lumbar pain, helped with Norco and creams. The treatment plan was for Norco, Flexeril, omeprazole, gabacyclotram 180g, terocin 240ml, flurbiprofen 180g, laxacin 50mg and 2 urine drug screens. The request is for Norco 10/325 #60.

MTUS Chronic Pain Medical guidelines state that **“the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition”**. The Medical Board of California states “pain should be assessed and treated promptly, effectively, and for as long as pain persists.” According to the medical documentation submitted for review, the prescribing physician notes the patient has lumbar pain on a daily basis, and that the Norco helps. From the available information, the use of Norco seems to be in accordance with MTUS guidelines. The request for a prescription for Norco 10/325 #60 **is medically necessary and appropriate.**

3) Regarding the request for a prescription for Flexeril 7.5mg #60:

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) Pain (Chronic) which is not part of MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Flexeril, pg. 64 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on October 21, 2009, resulting in lower back pain. The medical records provided for review indicate lumbar pain, helped with Norco and creams. The treatment plan was for Norco, Flexeril, omeprazole, gabacyclotram 180g, terocin 240ml, flurbiprofen 180g, laxacin 50mg and 2 urine drug screens. The request is for Flexeril 7.5mg #60.

MTUS guidelines recommend Flexeril as an option for a short course of therapy. MTUS does not discuss long-term use of Flexeril, but it does state that best effects are in the first 4 days, suggesting shorter periods are better, and the discussion of Flexeril under the Muscle Relaxant section, under dosing, states this medication is not recommended to be used for longer than 2-3 weeks. According to the medical records submitted for review, the employee was recently changed from Zanaflex to Flexeril for worsening muscle spasms that the physician identified on physical examination. On follow-up examination, the prescribing physician reports that the medication helped, and he continued Flexeril. This would be the 2nd month of using Flexeril, and there is no specific discussion on efficacy by the prescribing physician which would meet criteria for use beyond guideline recommendation. The request for a prescription of Flexeril 7.5mg #60 **is not medically necessary and appropriate.**

4) Regarding the request for a prescription for Omeprazole 20mg #60:

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) NSAIDS, GI, & Cardiovascular Risk. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, GI Symptoms & cardiovascular risk, pg. 68-69 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on October 21, 2009, resulting in lower back pain. The medical records provided for review indicate lumbar pain, helped with Norco and creams. The treatment plan was for Norco, Flexeril, omeprazole, gabacyclotram 180g, terocin 240ml, flurbiprofen 180g, laxacin 50mg and 2 urine drug screens. The request is for Omeprazole 20mg #60.

MTUS Chronic Pain guidelines state that “clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors, determine if the patient is at risk for gastrointestinal events. According to the medical records submitted for review, reports from the prescribing physician state the omeprazole is for GI prophylaxis. There is no discussion on efficacy of omeprazole, or risk factors for GI events, and the other available reports do not discuss any GI issues. Also, there is no available discussion on a history of GI issues. The request for Omeprazole 20mg #60 **is not medically necessary and appropriate.**

5) Regarding the request for Gabaclotram 180G:

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

The Claims Administrator cited no evidence basis for its decision The provider did not dispute the lack of evidence basis utilized by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111-113 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on October 21, 2009, resulting in lower back pain. The medical records provided for review indicate lumbar pain, helped with Norco and creams. The treatment plan was for Norco, Flexeril, omeprazole, gabacyclotram 180g, terocin 240ml, flurbiprofen 180g, laxacin 50mg and 2 urine drug screens. The request is for Gabaclotram 180G.

The Chronic Pain guidelines state that topical analgesics are: "Primarily recommended for neuropathic pain when trials of antidepressants **and** anticonvulsants have failed". According to the medical records submitted for review, there is no indication of neuropathic pain. There is no discussion of whether antidepressants and anticonvulsants have been tried and failed. In addition, if the compounded medication Gabaclotram contains either gabapentin, or baclofen it would not be recommended as MTUS states *Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended*, and topical gabapentin and topical baclofen are not recommended. The request for Gabaclotram 180G **is not medically necessary and appropriate.**

6) Regarding the request for Terocin 260 ml:

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

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines (2009) pg. 101 of 104. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines Topical Analgesics, pg. 111-113.

Rationale for the Decision:

The employee sustained a work-related injury on October 21, 2009, resulting in lower back pain. The medical records provided for review indicate lumbar pain, helped with Norco and creams. The treatment plan was for Norco, Flexeril, omeprazole, gabacyclotram 180g, terocin 240ml, flurbiprofen 180g, laxacin 50mg and 2 urine drug screens. The request is for Terocin 260ml.

Chronic Pain guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS guidelines state that, other than the dermal patch, other formulations of lidocaine, whether creams, lotions, or gels, are not approved for neuropathic pain. The request for Terocin 260ml **is not medically necessary and appropriate.**

7) Regarding the request for Flurbiprofen 180G:

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

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines (2009, pg. 22 of 127. The provider did not dispute the

guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111-113 which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on October 21, 2009, resulting in lower back pain. The medical records provided for review indicate lumbar pain, helped with Norco and creams. The treatment plan was for Norco, Flexeril, omeprazole, gabacyclotram 180g, terocin 240ml, flurbiprofen 180g, laxacin 50mg and 2 urine drug screens. The request is for Flurbiprofen 180G.

MTUS Chronic Pain Medical Treatment Guidelines has some support for topical non-steroidal anti-inflammatory drugs (NSAIDs), including Flurbiprofen, over the elbows, wrists, or knees, ankles, but does not recommend topical NSAIDs for the spine, shoulders or hips. According to the medical records submitted for review, Flurbiprofen is indicated for treatment of the employee's lumbar strain/sprain. The request for Flurbiprofen 180G **is not medically necessary and appropriate.**

8) Regarding the request for Laxacin #60:

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

The Claims Administrator did not cite any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pg. 77 of 127.

Rationale for the Decision:

The employee sustained a work-related injury on October 21, 2009, resulting in lower back pain. The medical records provided for review indicate lumbar pain, helped with Norco and creams. The treatment plan was for Norco, Flexeril, omeprazole, gabacyclotram 180g, terocin 240ml, flurbiprofen 180g, laxacin 50mg and 2 urine drug screens. The request is for Laxacin #60.

MTUS Chronic Pain Medical Treatment Guidelines indicate that prophylactic treatment of constipation when initiating opioid therapy is recommended. According to the medical records submitted for review, the employee was prescribed Norco, an opiate medication. The request for Laxacin #60 **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

/mbg

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