

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/4/2013



Employee:	
Claim Number:	
Date of UR Decision:	7/10/2013
Date of Injury:	10/11/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004299

- 1) MAXIMUS Federal Services, Inc. has determined the request for Gaba-Keto 60gr **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin 60gr **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 Gaba-Keto 60gr **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin 60gr **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 Family Practice 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 47-year-old male sustained an injury in October 2011 while working as a butcher manager. An electric diagnostic study on March 1, 2013 showed chronic L5 radiculopathy on the right side. An MRI on April 5, 2013 showed narrowing of the disk space and L5 S1. A progress note by orthopedic surgeon dated June 17, 2013, indicated prescriptions for capsaicin as well as GABA Keto to be applied to the cervical and lumbar regions. Examination details indicated pain stiffness and weakness in the cervical and lumbar spine areas as well as a right and left shoulders. Recommendations for surgery to the left shoulder we noted. An examination note by physical medicine and rehabilitation on July 13, 2013, indicated restrictive cervical range of motion due to pain (8/10) . The diagnosis at the time was cervical disc protrusion as well as radiculopathy at the C-4 C-5 levels. The documentation it stated the patient had failed conservative care including medications this group therapy and acupuncture. I request for epidural injections was made at the time. Continuation of medications including Norco, Topamax, Prilosec, venlafaxine and alprazolam was recommended.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Gaba-Keto 60gr:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs), and Gabapentin, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111 and 113, which is part of the MTUS.

Rationale for the Decision:

Gaba-Keto is a topical medication containing gabapentin, ketoprofen and lidocaine. The composition of these components are 6%, 10%, 5% respectively. The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental. The guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Gabapentin as a topical agent. **The request for Gaba-Keto 60gr is not medically necessary and appropriate.**

2) Regarding the request for Capsaicin 60gr:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines Topical Analgesics, compounded and Capsaicin, topical, which is part of MTUS and the Official Disability Guidelines (ODG), Capsaicin, topical (chili peper/cayenne pepper) and Menthol, topical, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guideline, Topical Analgesics, pages 111-112, which is part of the MTUS.

Rationale for the Decision:

The formulation of capsaicin 60gr includes .0375% capsacin. According to the MTUS Chronic Pain guidelines capsaicin is generally available in .025% formulations and there is not current indication that an increase over .025% would provide any further efficacy. **The request for Capsaicin 60gr 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,

Paul Manchester, MD, MPH
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.