

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/20/2013

5/4/2012

7/29/2013

CM13-0004788

- 1) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Advil is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Terocin is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Omeprazole 20mg is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Gralise is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of TENS patches (4 pairs) 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 7/21/2013. 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 **unknown prescription of Advil is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Terocin is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Omeprazole 20mg is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Gralise is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of TENS patches (4 pairs) 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 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.

Expert Reviewer Case Summary:

This patient is a 36-year-old male who reported an injury on 05/04/2012. The current request is for a prescription of Advil, Terocin lotion, omeprazole, and Gralise, as well as TENS unit patches, 4 pairs. The documentation submitted for review indicates that the patient was evaluated on 07/08/2013. Notes indicate the patient was being treated for right hand pain with hardware, carpal tunnel syndrome, as well as fractures, and that the patient was postsurgical status. Subjective complaints of the patient include pain verbalized as 5/10, as well as slight reflex with the use of NSAID medications. Objective clinical findings noted tenderness to palpation and abnormal reflex, as well as decreased range of motion and spasms.

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 unknown prescription of Advil:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory drugs, pg. 22, which are a part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that anti-inflammatory medications are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Additionally, Guidelines detail the recommendation that certain NSAIDs can cause ulcers and bleeding. The medical records provided for review indicate that the employee has pain to the hand verbalized as 5/10. However, the indication for the use of NSAIDs is precluded based on the indication that the employee has slight reflux with the use of these medications. Additionally, the medical records provided for review did not detail the efficacy of the requested medication to support continued use. **The request for an unknown prescription of Advil is not medically necessary and appropriate.**

2) Regarding the request for 1 prescription of Terocin:

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 (2009), Topical Analgesics, which are a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pgs. 105, 111-113, which are part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety and they are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended, likewise, is not recommended. Terocin is a compounded lotion containing methyl salicylate, capsaicin, menthol, and Lidocaine. MTUS Chronic Pain Guidelines do not specifically address menthol. Capsaicin is indicated by the guidelines as recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is recommended primarily after there has been evidence of a trial of a first line therapy. Topical Lidocaine in the formulation of a dermal patch is designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. No other commercially approved topical formulations of Lidocaine, whether creams, lotions, or gels are indicated for neuropathic pain. Additionally, Guidelines indicate that non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. The medical records provided for review provide no evidence that the employee has been intolerant to other treatments other than capsaicin, and given the lack of guideline support for formulations of Lidocaine in other than non-dermal patch formulations, and as the guidelines provide no indication that use of Lidocaine in a formulation of 2.5% is reasonable, the request for Terocin lotion is not supported. **The request for 1 prescription of Terocin is not medically necessary and appropriate.**

3) Regarding the request for 1 prescription of Omeprazole 20mg:

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, pg. 68, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pgs. 68-69, which are part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate the recommendation for proton pump inhibitors, such as Omeprazole, for patients at intermediate risk of gastrointestinal (GI) events. The medical records provided for review indicate the employee has current GI symptoms with reflux following the use of NSAIDs. However, the guidelines further recommend the use of proton pump inhibitors for employees with risk factors for GI events, history of peptic ulcer, and GI bleeding or perforation. The medical records provided for review indicate that there is no indication that the employee has a history of peptic ulcer, GI bleeding, and the employee is not greater than 65 years of age. **The request for one prescription of Omeprazole 20mg is not medically necessary and appropriate.**

4) Regarding the request for unknown prescription of Gralise:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AEDs), pgs. 16, 18, which are a part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state Gabapentin is an AED, which has been shown to be effective for management of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. Gralise is a once a day medication whose active ingredients include Gabapentin. The medical records provided for review indicate there is insufficient documentation of a significant neuropathology to support the use of Gralise. Additionally, the medical records provided for review indicate that there is a lack of documentation that the employee has been previously tried on Gabapentin prior to consideration of this once a day treatment. **The request for an unknown prescription of Gralise is not medically necessary and appropriate.**

5) Regarding the request for 1 prescription of TENS patches (4 pairs):

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrical Nerve Stimulation (TENS), pgs. 114, 116, which are a part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that the use of a TENS unit may be recommended for chronic, intractable pain. The medical records provided for review indicate that there is a lack of documentation that the employee is currently utilizing a TENS unit, or to indicate the employee's functional response to the use of a TENS unit. Additionally, the medical records provided for review indicate that there is a lack of evidence that other appropriate pain modalities have been tried and failed or that a one-month trial period has been attempted. **The request for one prescription of TENS patches (4 pairs) 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

/ejf

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.