

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	9/17/2004
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005184

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 600mg #120** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Proteolin #60** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 **Gabapentin 600mg #120 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Proteolin #60 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.

Expert Reviewer Case Summary:

The patient is a 62-year-old male with an occupational claim on 09/17/2004; however, his exact mechanism of injury was not provided in the medical records. As a result of the patient's occupational injury, the patient is currently being treated for postlaminectomy syndrome with L5-S1 laminectomy and discectomy on 05/28/1998, L3-4, L4-5, and L5-S1 posterior lumbar interbody fusion 02/10/2007 and subsequent hardware removal, fusion inspection, and partial foraminotomy on 12/01/2007. Since that time, the patient has been treated for persistent low back pain and intermittent radiation into the lower extremities with medication management. Records from 08/20/2013 indicate that the patient demonstrates pain with range of motion as well as a positive sciatic stretch test. The only medications indicated in the most recent note include that of gabapentin ointment, baclofen 20 mg, Norco 10 mg, and gabapentin 600 mg 3 times a day.

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 Treatment Utilization Schedule (MTUS)
- Medical Records by Claims Administrator

1) Regarding the request for Gabapentin 600mg #120:

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, Gabapentin (Neurontin), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antiepilepsy Drugs, pgs. 16-17, which are part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that anti-epileptic medications are recommended for neuropathic pain, there is evidence to suggest this employee has been treating with gabapentin for over a year with no evidence of benefit from its use found in the documentation either as a reduction in pain or an improvement in function. If there is evidence of inadequate response, intolerance, hypersensitivity or contraindications the California MTUS recommends switching to pregabalin. Furthermore, records indicate this request was previously denied on 2 separate occasions due to a lack of documentation demonstrating efficacy with the initial denial issuing a partial prescription for weaning purposes. The patient should be safely weaned from this medication at this time. As such, this request is non-certified. **The request for Gabapentin 600mg #120 is not medically necessary and appropriate.**

2) Regarding the request for Proteolin #60:

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 found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Proteolin, Manufacturer's Package Insert, Online Version.

Rationale for the Decision:

According to the manufacturer's online package insert, this medication is a proprietary formula of anti-inflammatory and immunomodulatory peptides, curcuminoids, proteolytic enzymes, and piperin. It is intended for use in nutritional management of certain inflammatory process and related pain symptoms. The processes specifically targeted by this product are trauma-related inflammations of soft tissues and/or joints and inflammatory process related to chronic conditions such as arthritic joint condition. This medication has not been evaluated by the Food and Drug Administration nor is it intended to diagnose, treat, cure or prevent any disease as per the package insert. **The request for Proteolin #60 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

/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.