

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

9/11/2007

8/1/2013

CM13-0005790

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Theraflex cream** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Bio-Therm** is not medically necessary and appropriate.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **urine screen** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 **Theraflex cream** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Bio-Therm** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **urine screen** 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 59-year-old female who reported an injury on 09/11/2007. The mechanism of injury was not provided in the medical records. The most recent physical examination of the patient per the clinical notes was carried out on 06/24/2013. Notes indicated that the patient's medications consisted of Norco and Ambien and that there had been no increase in the patient's medication use. Objective examination of the patient noted the left ankle had trace edema along the lateral aspect and there was no evidence of erythema present. The patient had tenderness along the medial and lateral malleolar regions with the patient's range of motion limited in dorsiflexion to 10 degrees and plantar flexion to 25 degrees with inversion and eversion near 0 degrees. Notes indicated the patient was status post reconstructive ligament surgery to the left ankle with a possible rheumatological condition caused by her industrial injury as well as a left foot neuroma. Notes indicated that the patient continued to experience pain to the left ankle which was worsened since the previous visit and that the patient would be provided with refills of Norco in order to decrease her pain and to allow for better tolerance of activities of daily living. Notes indicate also, the patient was dispensed Ambien to alleviate insomnia.

## **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 Theraflex cream :**

#### 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 Medications, Other muscle relaxants, Topical NSAIDs, Menthol, Camphor, which are part of MTUS.

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

#### Rationale for the Decision:

The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages which include lack of systemic side effects, absence of drug interactions, and there is no need to titrate. The guidelines do not specifically address TheraFlex cream. Clinical literature provided a list of ingredients for TheraFlex cream which indicated a key ingredient of methyl salicylate which is recommended for use by the guidelines given that it is significantly better than placebo in treating the patient. However, while the clinical notes, from 08/22/13, provided for review by the requesting physician indicates, that the topical analgesics provided offer benefit to the employee in terms of pain relief and functional improvement, there is a lack of clinical documentation submitted for review indicating quantified pain scales with the use of TheraFlex cream and specific indications of functional improvement for the employee with this medication. **The request for Theraflex cream**

### **2) Regarding the request for Norco 10/325:**

#### 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, Hydrocodone/Acetaminophen, Opioids for chronic pain, When to Discontinue Opioids, Opioids, criteria for use, weaning of medications, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Opioids, page 91, which is a part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines indicate that Norco is recommended for moderate to moderately severe pain. Guidelines further recommend the 4 A's for ongoing monitoring of patients on opioid analgesics which include the 4 domains of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The medical documentation submitted for review fails to indicate if the employee is achieving effective analgesia, or to indicate improvement in the employee's abilities to undertake activities of daily living with the use of Norco 10/325 mg. Furthermore, there is a lack of documentation addressing any possible adverse side effects or any possible aberrant drug related behaviors. **The request for Norco 10/325 is not medically necessary and appropriate.**

**3) Regarding the request for Bio-Therm:**

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, Capsaicin, topical, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of MTUS and Biother Pain Relieving Lotion Ingredients-Seacoast Vitamins, [www.seacoast.com/topicphp?health=biotherm+pain+relieving+lotion](http://www.seacoast.com/topicphp?health=biotherm+pain+relieving+lotion), which is not part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied to painful areas with advantages which include lack of systemic side effects, absence of drug interactions, and no need to titrate. The medical records submitted for review indicates that the employee was prescribed Biotherm cream to help alleviate and help address the employee's complaints of pain; however, review of clinical literature seems to indicate that Biotherm is a specific brand name with multiple lines of creams and lotions for a variety of treatment conditions. Furthermore, it appears that there is a pain lotion provided from Biotherm; however, the ingredients of the lotion are not easily found despite the best efforts of the reviewing physician. Moreover, the clinical documentation submitted for review fails to indicate any significant functional improvement, and increase in the employee's abilities to undertake activities of daily living with the use of Biotherm cream. **The request for Bio-Therm is not medically necessary and appropriate.**

#### 4) Regarding the request for urine screen:

##### 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 (May 2009) (Opioid steps to avoid misuse/addiction), and Cautionary red flags for patients that may potentially abuse opioids, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43, which is a part of MTUS.

##### Rationale for the Decision:

The California MTUS Guidelines recommend diagnostic testing as an option to determine and assess the presence of illegal drugs, as a step to take before a therapeutic trial of opioids, and for ongoing management. Furthermore, guidelines recommend a screening for the risk of addiction. Clinical notes from 08/22/2013 submitted for review indicate that a request was made for a urine drug screen. However, there is no indication in the notes of the date of prior drug screen for this employee, or to indicate that a risk assessment was provided indicating findings of whether the employee is a low, medium, or high risk for aberrant drug taking behaviors. **The request for urine screen 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.