

**Notice of Independent Medical Review Determination**

Dated: **12/4/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/31/2013  
Date of Injury: 9/1/1988  
IMR Application Received: 8/9/2013  
MAXIMUS Case Number: CM13-0009746

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Gabapentin 600mg #120 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cidaflex #120 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Medrox pain relief ointment 120gm is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 retrospective request for **Gabapentin 600mg #120** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cidaflex #120** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Medrox pain relief ointment 120gm** 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:**

47 year old male who sustained an injury on 9/1/88 with chronic back pain. An MRI on March 2011 showed lumbar disc protrusion. Physical examination at the time noted lumbar tenderness along with guarded flexion and extension. A diagnosis of lumbar disc arthropathy was give. Prior treatments included intramuscular injections, Naproxen, Flexeril and therapy. Since Feb 2011 there has been requested use of Medrox for muscle pain relief. Since September 2011, Gabapentin has been prescribed for neuropathic pain and Cidaflex since Oct 2011.

### **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 retrospective 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 California Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs), Gabapentin (Neurontin®) and Neuropathic pain, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Gabapentin, page 49, which is part of MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Neurontin (Gabapentin) is effective for diabetic neuropathic pain and post-herpetic neuralgia and has been considered first line therapy for neuropathic pain. In this case, the employee does not have the above medical conditions that would require Gabapentin. It is not FDA approved for chronic pain conditions not related to diabetic neuropathy or post-herpetic neuralgia. There is no specific documentation, in the medical records provided, of neuropathic symptoms or response to Gabapentin. **The retrospective request for Gabapentin 600mg #120 is not medically necessary and appropriate.**

**2) Regarding the request for Cidaflex #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 California Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), which is part of MTUS and the Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic, (Acute & Chronic), Glucosamine, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Glucosamine, page 50, which is part of MTUS.

Rationale for the Decision:

Cidaflex is chondroitin/glucosamine combination. According to the MTUS guidelines, Glucosamine is appropriate for mild knee osteoarthritis and those with joint space narrowing. However, the combination of glucosamine and chondroitin sulfate may be less effective than either medication alone. In this case, according to the medical records provided for review, there was no specific mention of knee osteoarthritis and there are no X-rays showing joint space narrowing. The combination of Cidaflex is less beneficial than its components individually. **The retrospective request for Cidaflex #120 is not medically necessary and appropriate.**

### 3) Regarding the request for Medrox pain relief ointment 120gm:

#### 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 and Capsaicin, topical, which are part of MTUS.

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

#### Rationale for the Decision:

Medrox contains: methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The use of compounded agents has very little to no research to support their use. According to the MTUS guidelines, capsaicin is recommended in doses under 0.025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of capsaicin than is medically necessary. According to the MTUS guidelines, any compounded medication that contains a medication that is not indicated is not indicated. **The retrospective request for Medrox pain relief ointment 120mg 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

/reg  
\

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.