

## Independent Medical Review Final Determination Letter

1984

[REDACTED]

Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0020594	<b>Date of Injury:</b>	03/06/2010
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	09/02/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/05/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
0052544-0539, 99242, S5001			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Disease 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 55-year-old male who reported an injury on 03/06/2010. An agreed medical examination dated 07/07/2013 indicates that the patient sustained an injury to the right knee and it is noted that the patient has complaints of low back pain and right lower extremity symptoms, which the patient verbalized as 10/10 on a pain scale. The patient is status post transforaminal epidural steroid injection on the right at L4 and L5 on 07/12/2013; however, the patient indicates that the injections did not provide significant pain relief or relief of symptoms. The patient reports that as of 07/24/2013, he was having persistent right lower extremity numbness and tingling. On physical examination, the patient was noted to have an antalgic gait with tenderness to palpation of the lumbar paraspinals, right greater than left, and range of motion of the lumbar spine was noted to be decreased in all planes. Decreased sensation was noted to the right L4 and L5 nerve roots with motor exam revealing 4+/5 strength to the right tibialis anterior, EHL, inversion, and 5-/5 strength for right plantar flexion and eversion. Straight leg raise was noted to be positive on the right with pain radiating to the calf. Range of motion of the right knee was decreased with positive painful patellofemoral crepitus, negative anterior and posterior drawer signs, and stable testing of varus and valgus stressing. With regards to medications, the patients indicated that topical Medrox patches were helping decrease his pain and allow for better sleep, as well as limit the patient's need for oral medications. The patient did indicate having no side effects from his medications, which included Norco 10/325 mg. Treatment plan notes indicated the recommendation for the patient to continue with the use of Norco 10/325 mg 1 tablet by mouth 3 times a day as needed for pain, and for topical Medrox patches as needed.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. Norco 10/325mg, quantity 135 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines , Opioids, pgs. 78, 91, which is part of the MTUS.

The Physician Reviewer's decision rationale: The MTUS, Chronic Pain Medical Treatment Guidelines, states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for ongoing monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The medical records provided for review regarding the most recent submitted clinical notes for the employee indicated that the employee has no specific side effects from the medication as used, and there is indication in the notes that the employee's medications decreased their pain and allow for normalized function. The last urine toxicology screen is dated 08/22/2012. There is a lack of documentation of subsequent urine drug tox screens to support compliance with the employee's medication regimen. Furthermore, there is a lack of documentation that the employee has undergone a risk assessment regarding opioid medications. Additionally, while notes indicate that the employee has decreased pain and normalized function with the use of Norco and Medrox; clinical notes indicate on exam that the employee has 10/10 pain. Therefore, there is no clear indication that the employee has effective analgesia with the current medications prescribed. Lastly, there is a lack of documentation indicating that evaluation for any aberrant drug-related behaviors have been assessed and/or addressed for the employee. **The request for Norco 10/325 mg quantity: 135 are not medically necessary and appropriate.**

**2. Medrox Patches, quantity 10 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines Topical Analgesics, pgs 11-113, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Topical Analgesics, pgs. 105, 111-113, which is part of the MTUS. Medrox (menthol, capsaicin, methyl salicylate) patch  
[DailyMeddaily.med.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017](http://DailyMeddaily.med.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017), which is not part of the MTUS.

The Physician Reviewer's decision rationale: The MTUS, Chronic Pain Medical Treatment Guidelines Topical Analgesics, states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that 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 that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. CA MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. CA MTUS explains that salicylate topicals are recommended as significantly better than placebo in chronic pain. The medical records provided for review indicates that the employee states that topical Medrox patches are helping to decrease their pain and allowing the employee to sleep better, as well as limit his need for oral medications. The current indicated dosage of capsaicin in the Medrox patches exceeds the recommendation of the guidelines and is not supported, as there have been no studies of a 0.0375% formulation of capsaicin and no current indication of this increase over a standard formulation of 0.025% provides any further efficacy. **The request for Medrox patches, quantity: 10 is not medically necessary and appropriate.**

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CM13-0020594