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**Notice of Independent Medical Review Determination**

Dated: 10/7/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 9/13/2013  
Date of Injury: 9/29/2010  
IMR Application Received: 10/3/2013  
MAXIMUS Case Number: CM13-0024753

- 1) MAXIMUS Federal Services, Inc. has determined the request for compound capsaicin 0.025%, flurbiprofen 30%, methyl salicylate 4% 240 gm **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for compound flurbiprofen 30%, tramadol 20% 240 gm **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Medrox patch 30 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 10/3/2013 disputing the Utilization Review Denial dated 9/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/3/2013. 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 compound capsaicin 0.025%, flurbiprofen 30%, methyl salicylate 4% 240 gm **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for compound flurbiprofen 30%, tramadol 20% 240 gm **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Medrox patch 30 **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 Occupational Medicine 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated September 13, 2013

**According to the records made available for review, this is a 50-year-old female patient, s/p injury 9/29/10. The patient most recently (8/13/13) presented with severe, constant L/S pain and R shoulder pain. Physical examination revealed squatting and crouching causes pain, as well as walking. Current diagnoses include cervicgia, adhesive capsulitis, shoulder, derangement joint shoulder, and sprain/strain lumbar region. Treatment to date includes medications. Treatment requested is 240 Gm compound Capsaicin 0.025%, Flurbiprofen 30%, Methyl salicylate 4%, 240 Gm compound Flurbiprofen 30%, Tramadol 20%, and Medrox patch 30.**

### 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:



**1) Regarding the request for compound capsaicin 0.025%, flurbiprofen 30%, methyl salicylate 4% 240 gm:**

Medical Treatment Guideline(s) 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, page 111-113, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 9/29/10. The requested medical records were not timely submitted for this review. The submitted and reviewed Utilization Review (UR) indicates diagnoses include: cervicalgia, adhesive capsulitis of the shoulder, derangement joint of the shoulder, and sprain/strain in the lumbar region. The UR notes the employee continues to experience severe, constant lumbar/sacral pain and right shoulder pain. A request was submitted for compound capsaicin 0.025%, flurbiprofen 30%, methyl salicylate 4% 240 gm.

MTUS Chronic Pain guidelines note that topical analgesic agents are largely experimental. When one ingredient in a compound carries an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation. The Chronic Pain Guidelines deem one of the ingredients in the requested compound, capsaicin, is recommended only in cases of intolerance and/or failure of first-line agents. In this case, there was no evidence in the UR to suggest intolerance or failure of a first-line analgesic. No clinical progress notes were submitted for review to support a variance from guideline recommendations. The request for compound capsaicin 0.025%, flurbiprofen 30%, methyl salicylate 4% 240 gm **is not medically necessary and appropriate.**

**2) Regarding the request for compound flurbiprofen 30%, tramadol 20% 240 gm:**

Medical Treatment Guideline(s) 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, page 111-113, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate and additionally, found the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 3), table 3-1, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 9/29/10. The requested medical records were not timely submitted for this review. The submitted and reviewed Utilization Review (UR) indicates diagnoses include: cervicalgia, adhesive capsulitis of the shoulder, derangement joint of the shoulder, and sprain/strain in the lumbar region. The UR notes the employee continues to experience severe, constant lumbar/sacral pain and right shoulder pain. A request was submitted for compound flurbiprofen 30%, tramadol 20% 240 gm.

MTUS Chronic Pain guidelines note that topical analgesics are largely experimental. In addition, ACOEM guidelines note that oral analgesics are the most appropriate first-line treatment for chronic pain and topical agents are not recommended. No clinical progress notes were submitted for review to support a variance from guideline recommendations. The request for compound flurbiprofen 30%, tramadol 20% 240 gm **is not medically necessary and appropriate.**

**3) Regarding the request for Medrox patch 30:**

Medical Treatment Guideline(s) 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, page 111-113, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 9/29/10. The requested medical records were not timely submitted for this review. The submitted and reviewed Utilization Review (UR) indicates diagnoses include: cervicalgia, adhesive capsulitis of the shoulder, derangement joint of the shoulder, and sprain/strain in the lumbar region. The UR notes the employee continues to experience severe, constant lumbar/sacral pain and right shoulder pain. A request was submitted for Medrox patch 30.

Medrox consists of a combination of methyl salicylate, menthol, and capsaicin. MTUS Chronic Pain Guidelines note that if one ingredient in the topical compound is not recommended, the entire topical compound is not recommended. The guidelines indicate that capsaicin is considered a last-line agent and is to be considered only when there is a failure of other agents. Per the guidelines, topical agents and topical compounds are largely experimental and should only be considered in those individuals with neuropathic pain who have tried and/or failed antidepressants and anticonvulsants. The submitted UR does not provide evidence of failure of other first-line agents or failure of multiple classes of antidepressants and/or anticonvulsants. The request for Medrox patch 30 **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;

Richard C. Weiss, MD, MPH, MMM, PMP  
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.