

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

10/14/2009

7/23/2013

CM13-0002802

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine 10%/Gabapentin 10% cream 30 gm is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen 20% cream 30 gm is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 20% cream 30 gm is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/9/2013. 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 **Cyclobenzaprine 10%/Gabapentin 10% cream 30 gm** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen 20% cream 30 gm** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 20% cream 30 gm** 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 Texas. 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:

This patient is a 55-year-old female who reported an injury on 10/14/2009. Notes indicate that the patient has complaints of chronic pain to the lumbar spine and left knee and that the patient has previously been scheduled for surgery; however, this was unable to be completed due to "pulmonological" complications. Notes indicate that the patient suffers from asthma and is currently under the care of a specialist. The patient verbalized pain as 6/10 in a clinical visit on 05/09/2013. Notes indicated the patient was prescribed medications which included Prilosec 20 mg, Soma 350 mg, Xanax 0.25 mg, and Norco 10 mg. Physical examination of the patient revealed spasms and tenderness of the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension, and discomfort noted on flexion and extension of the left knee against gravity and with medial and lateral joint line tenderness. The patient was again evaluated on 06/13/2013 with complaints to the right shoulder of tenderness to palpation of the bicipital groove, decreased range of motion with abduction of 90 degrees, and tenderness with decreased range of motion of the lumbar spine and difficulty with bending. In the left knee, there was no evidence of swelling; however, there was tenderness to palpation with decreased range of motion noted of the knee. The patient verbalized pain greater than 9/10 VAS. Notes indicated the patient required a refill of medications, and treatment plan notes indicate that the patient was prescribed Cyclobenzaprine 10%, Gabapentin 10% cream 30 gm, flurbiprofen 20% cream 30 gm, and tramadol 20% cream 30 gm.

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 from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for Cyclobenzaprine 10%/Gabapentin 10% cream 30 gm:

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, Topical NSAIDs, 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 is part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine their efficacy or safety and 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 no need to titrate. Treatment with Cyclobenzaprine is not indicated in topical formula or any other muscle relaxant as there is no evidence for the use of these medications in a topical product. Gabapentin, likewise, is not recommended as there is no peer reviewed literature to support its use. There is no documentation of muscle spasms in the submitted records and based on the recommendation of the guidelines and the lack of a clear clinical rationale for the necessity of the prescription of Gabapentin, or Cyclobenzaprine, the medical necessity has not been met. **The request for Tramadol 20% cream 30 gm is not medically necessary and appropriate.**

2) Regarding the request for Flurbiprofen 20% cream 30 gm:

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, Topical NSAIDs, 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 is part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine their efficacy or safety and 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 no need to titrate. NSAIDs such as flurbiprofen are indicated by the guidelines for short term use for the treatment of osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints which earn minimal topical treatment. While the documentation submitted for review indicates that the employee was prescribed flurbiprofen 20% cream with complaint of pain to the knee and elbow, the documentation submitted for review fails to indicate a specific evaluation of the employee's elbow on the date that the medication was prescribed other than to note pain. With regards to the left knee, there is no indication that there was swelling and only tenderness was noted to palpation of the knee joint. Therefore, there is a lack of objective clinical findings supporting the necessity for the use of flurbiprofen 20% cream. **The request for Flurbiprofen 20% cream 30 gm is not medically necessary and appropriate.**

3) Regarding the request for Tramadol 20% cream 30 gm:

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, Topical NSAIDs, 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 is part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine their efficacy or safety and 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 no need to titrate. Tramadol 20% cream is not specifically addressed by the guidelines; however, tramadol is indicated as a synthetic opioid. Furthermore, recent clinical literature indicates, in regard to the effectiveness of topical administration of opioids in palliative care, that there is a deficiency of higher quality evidence on the role of topical opioids and more robust primary studies are required to inform practice recommendations. **The request for Tramadol 20% cream 30 gm 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

/db

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.