
Notice of Independent Medical Review Determination

Dated: 10/18/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 12/19/2008
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003349

- 1) MAXIMUS Federal Services, Inc. has determined the request for follow-up visit for pain management **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nucynta 50mg #60 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Percocet 10/325mg #180 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Valium 5mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Neurontin 600mg #120 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin 0.375%/ Menthol 10%/ Tramadol 20% compound cream **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 follow-up visit for pain management **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nucynta 50mg #60 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Percocet 10/325mg #180 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Valium 5mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Neurontin 600mg #120 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin 0.375%/ Menthol 10%/ Tramadol 20% compound cream **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 Physical Medicine and Rehabilitation 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 July 3, 2013:

“The patient is a 53 year old female with a date of injury of 12/19/2008. Under consideration are authorization requests for 1 follow-up office visit for pain management; 1 prescription of Nucynta 50mg #60; 1 prescription of Percocet 10/325mg # 180; 1 prescription of Valium 5mg #60; 1 prescription of Neurontin 600mg #120; 1 IM injection of Toradol 60mg; 1 functional restoration program; 1 prescription of capsaicin 0.375%/menthol 10%/tramadol 20% compound cream. According to the progress report by Dr. [REDACTED] on 6/26/2013, the patient's subjective complaints included

severe low back pain w/ radiation into lower extremities bilateral with associated numbness and tingling. The patient had an E.R. visit 2 weeks ago and morphine was administered which gave the patient relief. The patient reported that pain was as 8 out of 10 on the VAS scale. A compound cream also provided relief. The patient denied bladder or bowel incontinence. Also denied nausea, vomiting, or excessive sedation. Colace was taken for constipation. Toradol injection was requested from the patient for pain control. Objective findings include antalgic posture and a slow gait. Range of motion revealed decreased lumbar flexion, and lumbosacral tenderness to palpation. There was also leg weakness due to pain. Sensation and skin integrity was intact. There was no atrophy or edema of extremities.”

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 follow-up visit for pain management:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did provide an evidence-basis for their decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer used the Chronic Pain Medical Treatment Guidelines, (2009), Long-term Users of Opioids (6 months or more), pg. 88-89, part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained an industrial injury on 12/19/08. The submitted medical records noted low back pain radiating into the bilateral lower extremities with associated paresthesias. The employee’s diagnoses include chronic low back pain, lumbar fusion at L4-5 and L5-S1, and lumbar radiculopathy. Prior treatment has included surgery, medications and a TENS unit. A request has been submitted for follow-up visit for pain management.

The MTUS Chronic Pain guidelines for the long-term use of opioids allow for pain management, including reassessment. The submitted medical records indicate that the employee has chronic pain status post lumbar fusion. The guidelines support the requested service in this clinical setting. The request for follow-up visit for pain management **is medically necessary and appropriate.**

2) Regarding the request for Nucynta 50mg #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Chapter, Tapentadol (Nucynta), not part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Opioids for chronic pain, pg. 80-81, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury on 12/19/08. The submitted medical records noted low back pain radiating into the bilateral lower extremities with associated paresthesias. The employee's diagnoses include chronic low back pain, lumbar fusion at L4-5 and L5-S1, and lumbar radiculopathy. Prior treatment has included surgery, medications and a TENS unit. A request has been submitted for Nucynta 50mg #60.

The MTUS Chronic Pain guidelines allow for the use of opiates for chronic moderate to severe pain. The submitted medical records document chronic moderate to severe pain. The records indicate that Percocet worked in the past but was no longer effective and Nucynta was requested. The reviewed physician's treatment plans are reasonable and consistent with MTUS guidelines. The request for Nucynta 50mg #60 **is medically necessary and appropriate.**

3) Regarding the request for Percocet 10/325mg #180:

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), Opioids for Chronic Back Pain, no page cited, part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, (2009), Opioids for Chronic Back Pain, pg. 81, part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury on 12/19/08. The submitted medical records noted low back pain radiating into the bilateral lower extremities with associated paresthesias. The employee's diagnoses include chronic low back pain, lumbar fusion at L4-5 and L5-S1, and lumbar radiculopathy. Prior treatment has included surgery, medications and a TENS unit. A request has been submitted for Percocet 10/325mg #180.

The guidelines note that analgesic treatment should begin with acetaminophen, aspirin and NSAIDs. Per the guidelines, when these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to the less efficacious drugs. The records indicate when Percocet stopped being effective around 7/24/13, the provider switched medication to Nucynta. The request for Percocet is to be used for weaning purposes. Therefore, the request Percocet 10/325mg #180 **is medically necessary and appropriate.**

4) Regarding the request for Valium 5mg #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Chapter, Benzodiazepines, Valium, a medical treatment guideline not part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg. 24, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury on 12/19/08. The submitted medical records noted low back pain radiating into the bilateral lower extremities with associated paresthesias. The employee's diagnoses include chronic low back pain, lumbar fusion at L4-5 and L5-S1, and lumbar radiculopathy. Prior treatment has included surgery, medications and a TENS unit. A request has been submitted for Valium 5mg #60.

The Official Disability Guidelines do not support benzodiazepines for long-term use in chronic pain management. The submitted medical records do not document that the requested medication is for short-term use. The submitted medical records show that the employee has been on Valium chronically. The requested Valium 5mg #60 **is not medically necessary and appropriate.**

5) Regarding the request for Neurontin 600mg #120:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Chapter, Gabapentin, a medical treatment guideline, not part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs, pg. 16-17, 49, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury on 12/19/08. The submitted medical records noted low back pain radiating into the bilateral lower extremities with associated paresthesias. The employee's diagnoses include chronic low back pain, lumbar fusion at L4-5 and L5-S1, and lumbar radiculopathy. Prior treatment has included surgery, medications and a TENS unit. A request has been submitted for Neurontin 600mg #120.

The Chronic Pain Guidelines indicate Neurontin is well-supported for management of neuropathic pain. The submitted medical records document neuropathic pain, and there is documentation that the medication previously helped with the employee's activities of daily living and overall pain. The requested Neurontin 600mg #120 **is medically necessary and appropriate.**

6) Regarding the request for Capsaicin 0.375%/ Menthol 10%/ Tramadol 20% compound cream:

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), Capsaicin, Topical analgesics, page 28-29, part of the MTUS. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury on 12/19/08. The submitted medical records noted low back pain radiating into the bilateral lower extremities with associated paresthesias. The employee's diagnoses include chronic low back pain, lumbar fusion at L4-5 and L5-S1, and lumbar radiculopathy. Prior treatment has included surgery, medications and a TENS unit. A request has been submitted for Capsaicin 0.375%/ Menthol 10%/ Tramadol 20% compound cream.

The Chronic Pain guidelines note that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, the guidelines do not recommended any combination topical cream when one of the components is not recommended. There is a lack of evidence indicating that topical Tramadol is effective for any pain condition. The requested Capsaicin 0.375%/ Menthol 10%/ Tramadol 20% compound cream **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:

A large black rectangular redaction box covers the names and contact information of the recipients listed in the 'cc:' field.

/srb

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.