

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 1/11/2008
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003456

- 1) MAXIMUS Federal Services, Inc. has determined the request for Flurbiprofen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for unknown prescription of Theratramadol **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for unknown prescription of Therapentin **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 7/1/2013. 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 Flurbiprofen is **not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for unknown prescription of Theratramadol is **not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for unknown prescription of Therapentin 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

All 94 of pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], is a [REDACTED], corporate employee who has filed a claim for chronic knee, ankle, and multifocal body pain reportedly associated with an industrial injury of January 11, 2008.

Thus far, she has been treated with the following: Analgesic medications; left knee arthroscopy; transfer of care to and from various providers in various specialties; medical foods; Synvisc injection; and extensive period of time off of work, on total temporary disability.

The most recent progress note on file is a supplemented report dated June 21, 2013, which the attending requests authorization for flurbiprofen compounded cream including lidocaine, menthol, and camphor. The attending provider states that the applicant has reported improvement with the combination of medications. The attending provider also states that he would like to employ Theratramadol and Therapentin along with the topical flurbiprofen containing compound to manage the applicant's fibromyalgia syndrome.

Prior clinical progress note of May 31, 2013, suggests that the applicant reports continued total body pain including morning stiffness, shoulder pain, arm pain, hip pain, buttock pain, and knee pain. Multiple trigger points are appreciated without rheumatologic deformities. The applicant is kept off of work, on total temporary disability, and asked to continue the flurbiprofen containing compound.

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 (received 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/1/13)
- Medical Records from [REDACTED]
- Employee Medical Records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Flurbiprofen:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111, and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Initial Approaches to Treatment, Oral Pharmaceuticals, Chapter 3, pg. 47, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental and indicated in the treatment of neuropathic pain when trials of anticonvulsants and/or antidepressants have been attempted and/or failed. It is further noted that ACOEM guidelines deem oral pharmaceuticals are most appropriate first-line palliative measure and further note that topical medications are "not recommended." Medical records submitted and reviewed indicate there is no evidence that the employee's pain is in fact neuropathic in nature, nor is there evidence that antidepressants and/or anticonvulsants have been tried and failed. The employee is using numerous first-line oral analgesics, including tramadol, without any seeming impediment. The employee has used this particular topical agent chronically and failed to derive any lasting benefit or functional improvement, remains off of work, on total temporary disability, and is highly reliant on medical treatments with various medical providers, including Synvisc injections, and is apparently contemplating a total knee arthroplasty.

The request for Flurbiprofen is not medically necessary and appropriate.

2) Regarding the request for unknown prescription of Theratramadol:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 80, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines, Chronic Pain Chapter, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain through prior usage. Medical records submitted and reviewed indicate there is no evidence that the employee has returned to work, and no evidence of improved functioning and/or reduced pain through prior usage of this particular compound. The employee continues to report widespread multifocal pain. Theramine is a medical food; tramadol is an opioid. Theramine is not addressed in the MTUS but is considered not recommended in the ODG chronic pain chapter. **The request for unknown prescription of Theratramadol is not medically necessary and appropriate.**

3) Regarding the request for unknown prescription of Therapentin:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Recommended Trial Period, pg. 19, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Chronic Pain Chapter, Theramine, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

As noted previously, one of the ingredients in the amalgam, specifically Theramine, is not addressed in the MTUS but is considered not recommended by ODG for the treatment of chronic pain. Chronic Pain Medical Treatment Guidelines suggests discontinuation of gabapentin after a three- to eight-week trial. In this case, the applicant has seemingly used gabapentin chronically, for well over three to eight weeks and has failed to derive any benefit through prior usage of the same. **The request for unknown prescription of Therapentin 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

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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.