

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/25/2013

12/30/2010

8/5/2013

CM13-0006879

- 1) MAXIMUS Federal Services, Inc. has determined the request for **GabaKeto Lido ointment is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Capsaicin ointment is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm patches is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **GabaKeto Lido ointment is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Capsaicin ointment is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm patches 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.

### Expert Reviewer Case Summary:

The patient is a 49-year-old female that reported an injury on 12/23/2010 as the result of ironing and packing, causing back pain. The patient's diagnosis consists of bilateral wrist synovitis, chronic strain; bilateral shoulder, chronic strain; cervical ligamentous and muscular strain; thoracolumbar ligamentous and muscular strain; stress, anxiety and depression. An official report of an abdominal ultrasound performed on 04/25/2013 reported findings of fatty infiltration of the liver. There are numerous reviews of records from the primary treating physician that state the patient suffers from liver damage as the result of ingesting oral medications therefore, the use of medicated topical creams is medically necessary.

### 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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for GabaKeto Lido ointment:**

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, pgs. 111-113, which is part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. California MTUS does not recommend the use of gabapentin in topical agents. The guidelines state that ketoprofen has not been approved by the FDA for use in topical applications. Additionally, Lidocaine is only approved in the formulation of a dermal patch. No other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Lastly, the efficacy of the medication has not been substantiated as according to the records provided, the employee has complained that symptoms have become worse and the documentation does not contain evidence of physical findings that suggest improvement in functional capabilities. **The request for GabaKeto Lido ointment is not medically necessary and appropriate.**

**2) Regarding the request for Capsaicin ointment:**

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, pgs. 111-113, Topical Analgesics, which is a part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. After a review of the records provided, it reports the employee is intolerant of oral medications due to liver damage and GI problems. The clinical information does not provide sufficient evidence of both subjective complaints and objective physical findings to support GI intolerance nor the medical necessity of topical creams over oral medications. Furthermore, the submitted documentation does not address other treatments the employee has tried and failed. Lastly, the efficacy of the medication has not been substantiated as the employee has complained that symptoms have become worse and the documentation does not contain evidence of physical findings that suggest improvement in functional capabilities. As such, the medical necessity of Capsaicin ointment has not been

substantiated. **The request for Capsaicin ointment is not medically necessary and appropriate.**

**3) Regarding the request for Lidoderm patches:**

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, Lidoderm section, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 56-57, Lidoderm, which is part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a first trial of first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. After a review of the records provided, the information does not suggest the employee has postherpetic neuralgia. As the submitted documentation does not provide sufficient evidence to support the claim of intolerance to oral medications, the evidence of a first trial and failure of first line therapy such as tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica, was not addressed. Furthermore, the efficacy of the medication has not been substantiated as the employee has complained that symptoms have become worse and the documentation does not contain evidence of physical findings that suggest improvement in functional capabilities. As such, the medical necessity for Lidoderm patches has not been established. **The request for Lidoderm patches 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, 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.