

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	7/25/2012
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006946

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen/Cyclobenzaprine 15/10% cream #180gm is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **TGHot Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05% cream #180gm 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 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. 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/Cyclobenzaprine 15/10% cream #180gm is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **TGHot Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%-cream #180gm 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 40-year-old male that reported an injury on 07/25/2012 as the result of a motor vehicle accident. The patient states he had worked an overnight shift of 15 hours and while driving the company vehicle, he fell asleep at the wheel, crashed into an electrical pole, lost control, and crossed over 4 lanes of traffic then crashed head on into a tree. The patient states the airbags deployed and hit him in the face and chest and he lost consciousness. The patient was transported to the hospital via ambulance. The patient had glass in his head and was informed that his nose was broken. The patient complained of pain to his head, neck, shoulders, wrists, face, chest, back, right ankle, and foot. An official report of an MRI of the brain dated 09/08/2012 reported findings of a normal examination. An official report of an MRI of the cervical spine dated 09/18/2012 reported findings of: (1) C4-5 annular prominence in the midline broadly impresses upon the thecal sac and extends to cause estimated 20% left foraminal compromise; (2) C5-6 median protrusion distorts the anterior cord at the anterior, commissure, and extends laterally into the left intervertebral foramen, concomitant with facet arthropathy with resultant 40% left foraminal compromise; (3) C6-7 modest annular prominent impresses upon the thecal sac but not the neural foraminal elements. An official report of an MRI of the lumbar spine dated 09/18/2012 reported left eccentric annular protrusion extorts the thecal sac proximal to the abutting left L5 root with an element of annular tear/hyperintensity behind the annulus. An MRI of the right ankle dated 09/18/2012 reported marrow edema of abnormal biomechanical stress, contusion at the anterior inferior talar neck, and circumferentially about an otherwise normal sinus tarsus. The physician's orthopedic evaluation and request for authorization dated 03/08/2013 states the patient reports that some of the medications he was prescribed at

Healthpointe caused him to develop internal bleeding, although he cannot specify which medications caused the bleeding. The report lists the patient's diagnosis to include multiple traumas with cervical hyperextension/hyperflexion injury, C5-6 disc herniation, and multiple traumas with lumbar hyperextension/hyperflexion injury. An official report of an MRI of the lumbar spine dated 05/22/2013 reported findings of: (1) minimal degenerative endplate Schmorl's nodes of L1, L2, and L3; and (2) disc desiccation, predominantly involving L4-5 and minimally involving L5-S1; (3) central posterior disc bulge measuring 4 mm to 5 mm at the L4-5 disc level with narrowing of the right and left neural foramina; (4) tear of the posterior annulus of L4-5; and (5) diffuse posterior disc bulge measuring 2 mm to 3 mm at the L5-S1 disc level with minimal narrowing of the right and left neural foramina. The clinical note dated 04/22/2013 states the patient is prescribed Sumatriptan for headaches; however, he states his stomach is hypersensitive to medication and does not wish to take any. Therefore, the patient was prescribed "some transdermal creams." The clinical note dated 05/31/2013 states the patient was seen by a neurologist that prescribed Fioricet for temporary headache relief and Cyclobenzaprine for cervicogenic components of the headache along with Dendracin topical ointment. An official report of an electrodiagnostic exam performed on 06/27/2013 reported findings of a normal study with no electrodiagnostic evidence of peroneal, tibial mononeuropathy, lumbosacral plexopathy, generalized peripheral neuropathy involving the lower limbs, or lumbosacral radiculopathy in the muscles tested. The primary treating physician's supplemental report dated 07/02/2013 reported the patient's diagnoses to include multiple head trauma, cervical C5-6 disc herniation, lumbar herniated nucleus pulposus, and post concussion syndrome. The most recent clinical note date 07/23/2013 states the patient complains of neck pain that radiates to the bilateral upper extremities, low back pain that radiates to the bilateral lower extremities, and bilateral foot pain. The patient's treatment since the time of injury includes medication management and acupuncture with limited benefit. The note reported that inspection of the lumbar spine revealed no gross abnormalities, noted spasm in the bilateral paraspinous muscle at L4 through S1, and spinal vertebral tenderness bilaterally was noted in the lumbar spine at L4 through S1 level. The range of motion of the lumbar spine was limited secondary to pain and pain was significantly increased with flexion, extension, and bending. The motor exam showed decreased strength of the flexor and extensor muscles in the bilateral lower extremities. The sensory exam showed decreased touch and pinpoint in the bilateral lower extremities along the L4 through S1 dermatomes. Straight leg raise with the patient in the seated position and the leg fully extended was positive on bilateral lower extremities for radicular pain at 40 degrees on the left and 50 degrees on the right. Foot drop, clonus, and Waddell's sign are absent. The patient was diagnosed with cervical radiculitis, lumbar radiculitis, a 4 mm to 5 mm L4-5 annular tear, and status post major MVA. The request for FluriFlex and TGHot were non-certified on 07/24/2013 and 08/29/2013 citing no trial of oral medications documented.

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 Flurbiprofen/Cyclobenzaprine 15/10% cream #180gm:

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 CA MTU, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Cyclobenzaprine (Flexeril), pgs. 41-42, and Section Topical Analgesics, pgs. 111-113, which are part of MTUS.

Rationale for the Decision:

California Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Flurbiprofen is an NSAID and currently Voltaren is the only FDA approved NSAID for topical treatment in joint and osteoarthritis pain. The guidelines state the addition of Cyclobenzaprine to other agents is not recommended. The clinical information submitted for review fails to provide sufficient evidence of improvement in the employee's functional capabilities, as evidenced by subjective and objective findings, as the result of the prescribed medication. **The request for Flurbiprofen/Cyclobenzaprine 15/10% cream #180gm is not medically necessary and appropriate.**

2) Regarding the request for TGHot Tramadol /Gabapentin /Menthol /Camphor /8/10/2/.05% cream #180gm:

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 CA MTU, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics, pgs. 16-20, 41-42, 49, 105, 111-113, which are part of MTUS.

Rationale for the Decision:

California Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. TGHot contains Tramadol, gabapentin, menthol, camphor, and Capsaicin. Tramadol is

not recommended as a first line of therapy in patients with chronic low back pain. Gabapentin is not recommended as a topical ingredient by the California MTUS Guidelines. Capsaicin is recommended only as an option in patients who have not responded or are intolerant of other treatments. The clinical information submitted for review states the employee complains of GI bleed and GI intolerance to oral medication; however, the specific medications are not listed. The employee refuses to attempt any first line oral medications and as such, the employee's response to such medications cannot be substantiated. The FDA warns that medications containing Capsaicin and Menthol can, in rare cases, cause serious burns to the skin. The clinical information fails to provide evidence of functional improvement manifested by objective findings to substantiate the efficacy of the prescribed medication. **The request for TGHot Tramadol /Gabapentin /Menthol /Camphor /8/10/2/.05% cream #180gm 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

/skf

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.