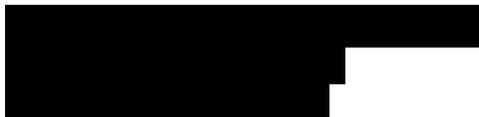


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**Notice of Independent Medical Review Determination**

Dated: 11/4/2013



Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:



7/8/2013

4/21/2009

8/5/2013

CM13-0007005

- 1) MAXIMUS Federal Services, Inc. has determined the request for Motrin 800mg #90 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Colace 100mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Neurontin 300mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Gaba-Keto-60 gram cream x 2/month **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin 60 gram cream x 2/month **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Urine analysis for anti-anxiety medication **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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 Motrin 800mg #90 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Colace 100mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Neurontin 300mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Gaba-Keto-60 gram cream x 2/month **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin 60 gram cream x 2/month **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Urine analysis for anti-anxiety medication **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:**

50 y.o. with injury from 4/21/09 to C,L-spine and shoulders, continues to experience chronic pain. Patient has teeth grinding as well. MRI from 12/17/09 showed 2mm disc at L1-2, 2-3 mm at L3-4, facet changes, and central disc protrusion at L4-5. MRI of left shoulder showed no rotator cuff tear. There is a hand written note by Dr. [REDACTED], primary treater, dated 7/1/13 but this report does not discuss efficacy of the medications being prescribed. The treater has a PR4 report dated 3/20/13 and discusses the efficacy of topical cream. 2/27/13 letter by treater is for an appeal for Proteolin and Alprazolam. 1/18/13 report by Dr. [REDACTED], internal medicine, documents gastritis and constipation problems.

11/30/12 report by QME documents left shoulder, lower back pains, constipation, depression and anxiety, right sided facial swelling, fatigue, insomnia, headaches.

Dental history is taken and concludes with industrial causation for bruxism and xerostomia.

**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 Motrin 800mg #90:**

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, NSAIDs, pgs. 70-73, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, pg. 22, pgs. 67-68, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee suffers from chronic neck, shoulder and low back pain. Chronic Pain Medical Treatment Guidelines support the use of NSAIDs for chronic low back pain. The guidelines also question efficacy of NSAIDs for chronic pain stating that it is not more effective than other medications such as opiates. Since opiates are allowed for moderately severe pain, use of NSAIDs are appropriate. **The request for Motrin 800mg #90 is medically necessary and appropriate.**

**2) Regarding the request for Colace 100mg #90:**

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 Drugs.com, which is not a California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria For Use of Opioids, pg. 77, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Opioids, criteria for use, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Medical records submitted and reviewed indicate the employee has a documented constipation problem per report dated 1/18/13. Colace is reasonable to use for constipation. **The request for Colace 100mg #90 is medically necessary and appropriate.**

**3) Regarding the request for Neurontin 300mg #60:**

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, Antiepilepsy drugs (AEDs), pgs. 16-22, which are part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin, Gabarone, generic available), pg. 18, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Medical records submitted and reviewed indicate the diagnosis is lumbar radiculopathy. MRI showed disc protrusion at L4-5. The employee is known to have symptoms into the legs; however, the records do not discuss its efficacy. The hand-written notes do not describe how the employee is responding to this medication and whether or not to titrate or decrease based on response. Chronic Pain Medical Treatment Guidelines requires a trial period with documentation of its effectiveness. The guideline criteria have not been met. **The request for Neurontin 300mg #60 is not medically necessary and appropriate.**

**4) Regarding the request for Gaba-Keto-60 gram cream x 2/month:**

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 Analgesics, pg. 111-113, which are part of the California Medical Treatment Utilization Schedule.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, chronic pain section, pg. 111, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee suffers from radiculopathy/radiculitis. Medical records submitted and reviewed do not discuss what other medications have been tried, or whether or not Neurontin has been helpful. Gabapentin in topical forms is not found in any of the guidelines. There is no reason to apply this medication via topical cream when it is used orally. The Chronic Pain Medical Treatment Guidelines do not support combination creams when "any compounded product that contains at least one drug that is not recommended is not recommended." **The request for Gaba-Keto-60 gram cream x 2/month is not medically necessary and appropriate.**

**5) Regarding the request for Capsaicin 60 gram cream x 2/month:**

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 Analgesics, pg. 111-113, which are part of the California Medical Treatment Utilization Schedule.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Capsaicin, topical, pgs. 28-29, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although Capsaicin can be used for neuropathic pain, the provider does not indicate that the employee has failed other treatments or is intolerant to other treatments. The employee suffers from wide-spread diffuse pain and it is not clear from the lack of discussion how this cream can provide any pain reduction and functional increase. Medical records submitted and reviewed do not provide the necessary documentation for support of the use of capsaicin. The guideline criteria have not been met. **The request for Capsaicin 60 gram cream x 2/month is not medically necessary and appropriate.**

**6) Regarding the request for Urine analysis for anti-anxiety medication:**

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, Drug testing, pg. 43, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, pg. 43, and Criteria For Use of Opioids, pg. 77, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that urine drug screens are used for management of opiates. Medical records submitted and reviewed do not show that the employee is taking any opiates and does not require the use of urine drug screens. The guideline criteria have not been met. **The request for Urine analysis for anti-anxiety medication 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

/ldh

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.