MAXIMUS Federal Services

Case Number:	CM15-0063324		
Date Assigned:	04/21/2015	Date of Injury:	09/02/2010
Decision Date:	07/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. 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 disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female who has reported neck pain, internal medicine conditions, headaches, and mental illness after an injury on 09/02/2010. The onset of neck pain was apparent while performing usual office work. She had a long prior history of treatment for neck pain, and had previously had imaging studies, electrodiagnostic testing, physical therapy, medications, and injections. The diagnoses include cervical disc disease, spinal stenosis, chronic pain, weight loss, depression, sleep disorder, sexual dysfunction, headaches, and gastroesophageal reflux disease. Treatment has included physical therapy, medications, chiropractic care, an epidural injection, and psychotherapy. She has apparently stopped working around 2012 due to her various medical conditions. Per a neurological Qualified Medical Examination (QME in 2013), there were no neurological deficits and the electrodiagnostic testing of the upper extremities was normal. Possible headache treatment could include Inderal, a tricyclic antidepressant (TCA), and Calan. The current primary treating physician has been treating this injured worker since at least 2011, and treatment has included chronic prescribing of Flexeril, Tramadol, Omeprazole, and various unconventional topical agents. Flexeril was not mentioned in the reports of 2014. Trazodone has apparently been prescribed chronically by a psychiatrist, and also has been prescribed by the primary treating physician. The injured worker has had multiple psychiatric QME evaluations and has had ongoing psychiatric care and psychotherapy into 2014. None of the primary treating physician reports adequately describe and analyze a psychiatric condition, a sleep disorder or the results of any psychiatric treatment. None of the treating physician reports adequately describe the specific symptomatic and

functional benefits from any treatment, including medications. Reports from the primary treating physician during 2014-2015 reflect ongoing head and neck pain, radiating arm pain, poor sleep, poor function, multiple medications, and ongoing psychiatric care. On 8/5/14 the primary treating physician noted the ongoing use of Tylenol for pain, and started Tramadol, Naproxen, and Protonix. Protonix was for stomach upset from taking medications. Trazodone was continued. Subsequent reports refer to daily headaches, poor function, and non-specific pain relief with medications. On 1/29/15 pain was increased. Nalfon was started for no specific reason. On 3/2/15, it was stated that the injured worker had not used traction, and had a small transcutaneous electrical nerve stimulation (TENS) unit. Function was poor. The treatment plan included a urine drug screen, a larger TENS unit, traction, a neck consultation, a neurology consultation, and a psychiatric consultation. Blood tests were reported by the injured worker as normal. Recommended current medications were Trazodone, Protonix, Nalfon, and Tramadol. New medications were LidoPro, Flexeril, and Topamax. According to the PR2 of 04/06/2015, there were headaches, pain, anger, and depression. The treatment plan included a TENS unit with conductive garment, cervical traction with air bladder, specialty referral, Topamax for neuropathic pain, Tramadol ER, Trazodone, Naproxen and Protonix. The Requests for Authorization of 3/2/15 and 4/6/15 listed IF or Muscle Stimulator, not TENS, as well as multiple other treatment requests. On 3/18/15 Utilization Review non-certified the items appealed for this Independent Medical Review. The non-certifications were based on lack of sufficient support for the requests in the cited guidelines and available records. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

IF or muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices) Page(s): 119 and 121. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Update 8/14/08, Page 189, IF stimulation.

Decision rationale: The ACOEM guidelines, 2004 version and the updated chapters cited above, do not recommend interferential therapy for any pain or injury conditions. The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. The treating physician has not provided a treatment plan which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, exercise, medications, and no conductive garment. Neuromuscular stimulation, per the MTUS, is not recommended for chronic pain. The requested units are therefore not medically necessary based on the cited guidelines.

Conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119.

Decision rationale: Please refer to the discussion in #1 above. The interferential stimulation unit and the muscle stimulation units are not medically necessary so the conductive garment is also not necessary. In addition, the MTUS states that a jacket or conductive garment is not indicated absent specific mitigating factors, none of which have been described in this case.

Cervical traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain section, updated 2008, Page 187, Traction.

Decision rationale: The ACOEM Guidelines 2nd Edition does not support traction for neck conditions. On Chapter 8, Page 181 cervical traction is "Not Recommended." In the ACOEM Guidelines, Chronic Pain section, updated, page 187, "traction and other decompressive devices" are stated to be not effective and are not recommended. Cervical traction is therefore not medically necessary.

Psychological consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-402.

Decision rationale: This injured worker has seen a psychiatrist on multiple occasions and has attended psychotherapy. The medical necessity for further psychiatric care has been addressed in Utilization Review and Independent Medical Review on multiple occasions. The last Independent Medical Review noted that frequent (weekly) visits with the psychiatrist were not medically necessary. The current request is for one visit. The injured worker has an established diagnosis of adjustment disorder and depression, per multiple prior evaluations. Although the primary treating physician has not provided substantial current information about any psychiatric condition, the prior records adequately support a chronic psychiatric condition for which one

psychiatric visit may be indicated. The Utilization Review is therefore overturned. The MTUS, per the citations above, recommends psychological care for some chronic pain conditions.

Ten panel UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, recommendations for urine drug screens Page(s): 77-80, 94, 43, 77, 78, 89, and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Pain section, Urine Drug Testing.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. No medications were listed as requiring testing, and the need for management via a urine drug screen is not explained. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS, and as noted below, Tramadol is not medically necessary. This obviates the need for any drug testing, at least based on the assumption that it would be for an opioid therapy program. The details of testing have not been provided. The MTUS recommends random drug testing, not at office visits or regular intervals. The testing date selection method was not specified. The guidelines cited above make a number of detailed recommendations for testing, including the frequency and content of testing, and directions for interpreting drug test results. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82 and 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Tramadol Page(s): 77-81, 94, 80, 81,60, 94, and 113.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence.

Page 60 of the MTUS, cited above; recommend that medications be trialed one at a time. In this case, medications including Tramadol were given as a group, making the determination of results, side effects, and benefits very difficult to determine. The injured worker has not returned to work while taking Tramadol, which fails the "return-to-work" criterion for opioids in the MTUS. While taking Tramadol the injured worker has continued to exhibit poor function and has ongoing pain requiring multiple modalities of pain treatment. This fails the definition of functional improvement in the MTUS, of which a decreasing dependency on medical care is on aspect. While taking Tramadol the primary treating physician did not conduct any drug testing, which should be a part of the chronic opioid therapy program per the MTUS and other guidelines. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore the request is not medically necessary.

Retrospective Tramadol 150mg #30 for date of service 4/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82 and 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, 113.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Page 60 of the MTUS, cited above; recommend that medications be trialed one at a time. In this case, medications including Tramadol were given as a group, making the determination of results, side effects, and benefits very difficult to determine. The injured worker has not returned to work while taking Tramadol, which fails the "return-to-work" criterion for opioids in the MTUS. While taking Tramadol the injured worker has continued to exhibit poor function and has ongoing pain requiring multiple modalities of pain treatment. This fails the definition of functional improvement in the MTUS, of which a decreasing dependency on medical care is one aspect. While taking Tramadol the primary treating physician did not conduct any drug testing, which should be a part of the chronic opioid therapy program per the MTUS and other guidelines. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore the request is not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antidepressants for chronic pain Page(s): 60 and 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment. Mental Illness chapter, antidepressants.

Decision rationale: The treating physician has stated that Trazodone has been prescribed for insomnia and depression. The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like Trazodone, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. Use has been long, not short term. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. The reports do not show specific and significant benefit of Trazodone for sleep over time. Trazodone is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder. When antidepressants are prescribed for chronic pain, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit. The Official Disability Guidelines cited above discuss the use antidepressants for depression. Antidepressants are not very effective for most forms of depression, and they should not be continued when there is little or no benefit. None of the primary treating physician reports discusses the specific symptomatic and functional benefit of using Trazodone for depression or any other condition. Continued use of Trazodone is therefore not medically necessary based on the cited guidelines and the available reports.

Retrospective Trazodone 50mg #60 for date of service 4/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antidepressants for chronic pain Page(s): 60, 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment. Mental Illness chapter, antidepressants.

Decision rationale: The treating physician has stated that Trazodone has been prescribed for insomnia and depression. The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like Trazodone, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. Use has been long, not short term. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. The reports do not show specific and significant benefit of Trazodone for sleep over time. Trazodone is not medically necessary based on prolonged use contrary

to guideline recommendations and lack of sufficient evaluation of the sleep disorder. When antidepressants are prescribed for chronic pain, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit. The Official Disability Guidelines cited above discuss the use antidepressants for depression. Antidepressants are not very effective for most forms of depression, and they should not be continued when there is little or no benefit. None of the primary treating physician reports discusses the specific symptomatic and functional benefit of using Trazodone for depression or any other condition. Continued use of Trazodone is therefore not medically necessary based on the cited guidelines and the available reports.

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs, specific drug list & adverse effects Page(s): 60 and 70-73.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Nonsteroidal anti-inflammatory drugs (NSAIDs) were initiated simultaneously with other medications, which are not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. The injured worker was placed on Nalfon without any specific rationale for changing from Naproxen. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The only reference to any blood testing is that the injured worker reported that a test with another physician was normal. Absent a review of the actual results, this is not an adequate approach to testing. None of the kinds of functional improvement discussed in the MTUS are evident. References to pain and function in the records consistently reflect poor function and ongoing pain which limits even light activities. This NSAID is not medically necessary based on the MTUS recommendations, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Retrospective Nalfon 400mg #60 for date of service 4/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs, specific drug list & adverse effects Page(s): 60 and 70-73.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Nonsteroidal anti-inflammatory drugs (NSAIDs) were initiated simultaneously with other medications, which are not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. The injured worker was placed on Nalfon without any specific rationale for changing from Naproxen. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The only reference to any blood testing is that the injured worker reported that a test with another physician was normal. Absent a review of the actual results, this is not an adequate approach to testing. None of the kinds of functional improvement discussed in the MTUS are evident. References to pain and function in the records consistently reflect poor function and ongoing pain which limits even light activities. This NSAID is not medically necessary based on the MTUS recommendations, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no primary treating physician reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Although reports from other physicians have described possible esophageal reflux from using NSAIDs, the primary treating physician has not described this condition or provided any ongoing analysis of the this condition and the results of using a proton pump inhibitor (PPI) medication. If one were to presume that a medication were to be the cause of any gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. Note also the discussion above regarding Nalfon. There is no good evidence in the medical records that an NSAID should be continued. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, cardiovascular disease, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Retrospective Protonix 20mg #60 for date of service 4/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no primary treating physician reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Although reports from other physicians have described possible esophageal reflux from using NSAIDs, the primary treating physician has not described this condition or provided any ongoing analysis of the this condition and the results of using a proton pump inhibitor (PPI) medication. If one were to presume that a medication were to be the cause of any gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. Note also the discussion above regarding Nalfon. There is no good evidence in the medical records that an NSAID should be continued. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, cardiovascular disease, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

LidoPro cream, 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60 and 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. Menthol is not discussed specifically in the MTUS. Topical salicylates in the standard formulations like BenGay are recommended in the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

Retrospective LidoPro cream, 1 bottle for date of service 4/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case).The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the

indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. Menthol is not discussed specifically in the MTUS. Topical salicylates in the standard formulations like BenGay are recommended in the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.