MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/27/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/8/2013
Date of Injury:	12/30/2011
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010017

1) MAXIMUS Federal Services, Inc. has determined the request for **topical cream with Diclofenac, Baclofen, Bupivacaine, Gabapentin, Tramadol is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **topical cream with Diclofenac, Baclofen, Bupivacaine, Gabapentin, Tramadol** 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 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 medical, insurance, and administrative records provided were reviewed. The patient is a [redacted] employee who has filed a claim for ankle tendinitis, neuroma, and neuritis reportedly associated with an industrial injury of December 30, 2011.

Thus far, the patient has been treated with the following: Analgesic medications; topical agents/topical compounds; attorney representation; MRI of the injured ankle on March 4, 2011, notable for tendinitis/tendinosis of uncertain clinical significance; extensive periods of time off work; open ankle tendon repair surgery of May 10, 2012; and unspecified amounts of physical therapy over the life of the clam.

In a prior utilization review report of August 8, 2013, the claims administrator denied a request for a topical-compounded cream. Earlier notes of July 26, 2013, and August 14, 2013, are notable for comments that the patient's podiatrist issues a prescription for an unspecified topical-compounded agent. Earlier notes implied that the patient is either off work and/or has very proscriptive work with limitations in place. An earlier note of April 12, 2013 suggests that the patient is using oral Vicodin.

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 topical cream with Diclofenac, Baclofen, Bupivacaine, Gabapentin, Tramadol:**

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 MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg. 47, and the Chronic Pain Medical Treatment Guidelines (2009), Pages 111 and 113, which are part of the MTUS.

Rationale for the Decision:
As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative measure. In this case, there is no evidence that the employee has any issues tolerating oral analgesic medications so as to make a case for usage of topical agents and/or topical compounds which, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines are "largely experimental." An earlier note of April 12, 2013 suggests that the employee is using oral Vicodin without any issue. It is further noted that several ingredients in the topical compound, including gabapentin and baclofen, are specifically not recommended, according to page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, resulting in the entire compound's carrying an unfavorable rating. **The request for topical cream with Diclofenac, Baclofen, Bupivacaine, Gabapentin, Tramadolis 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.