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

Notice of Independent Medical Review Determination

Dated: 11/21/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/6/2013
Date of Injury:	9/21/2004
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010435

1) MAXIMUS Federal Services, Inc. has determined the request for **Exoten-C lotion 0.002/10/20% is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone/APAP 10/325 mg #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/6/2013. 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 **Exoten-C lotion 0.002/10/20% is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone/APAP 10/325 mg #60 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 Internal 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:
The patient is a 55-year-old with a work related injury from 9/21/04. The patient's present diagnoses include cervical disc disorder, shoulder pain, lateral epicondylitis and lumbar sprain/strain. The patient has been recommended to receive medical therapy with Exoten-C Lotion 0.002/10/20% and Hydrocodone/APAP 10/325 for pain control. The patient is also maintained on medical therapy with Gabapentin.

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 Exoten-C lotion 0.002/10/20%:**

The Medical Treatment Guidelines 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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 28, which is part of the MTUS.

Rationale for the Decision:
There is no documentation provided necessitsaitng the requested Exoten-C lotion 0.002/10/20%. California MTUS Guidelines recommend topical capsacian only an option in patients who have not responded or are intolerant to other treatments, and it is not recommended in greater than .025% strength. The use of any compounded agent requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapuetic goal required. There is no documentation provided indiciating the medical necessity for this specific compounded medication. **The request for Exoten-C lotion 0.002/10/20% is not medically necessary or appropriate.**

2) **Regarding the request for Hydrocodone/APAP 10/325 mg #60:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 80-81 and 92, which are part of the MTUS.

Rationale for the Decision:
There is no documentation provided necessitating the use of Hydrocodone/APAP 10/325 for the employee's chronic pain condition. The literature indicates that in chronic pain, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Opioid therapy for pain control should not exceed a period of 2 weeks and should be reserved for moderate to severe pain. The failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence indicating a trial of non-opiate medication has been tried prior to the initiation of the requested opiate therapy. There is also no documentation from the provider indicating a specific clinical rationale for the requested medication. **The request for Hydrocodone/APAP 10/325 mg #60is 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.