
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 24, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 9/24/2011
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011770

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 physician 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/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

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

The patient is a 41-year-old female who reported a work-related injury on 09/24/2011, specific mechanism of injury indicated as a contusion to the left 4th and 5th digits of the foot. The patient presents for treatment of the following diagnosis of CRPS. The clinical note dated 09/24/2013 reports that the patient was seen in clinic under the care of [REDACTED]. The provider documents that the patient has been utilizing Vicodin, generally 1 in the evening or 1 up to twice a day depending on the level of pain to the foot. The provider documents that the patient has utilized a cortisone injection into the ankle area without benefit. The patient also utilizes Ambien 10 mg by mouth at bedtime. The patient has utilized gabapentin in the past; however, the patient reports a side effect of sedation, even at 100 mg twice a day. The patient reports swelling, pain and hypersensitivity of the left lower extremity. The provider recommended that the patient titrate gabapentin over the next week and initiate Lyrica 50 mg once by mouth twice a day.

IMR DECISION(S) AND RATIONALE(S)

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

1. CMPD: Tramadol, Ketoprofen, Baclofen, Cyclobenzaprine, Lidocaine, PCCA Lipoderm base is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111, which is part of the MTUS.

The Physician Reviewer's decision rationale:

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The current request previously received an adverse determination due to a lack of guideline support for the utilization of topical analgesics. The California MTUS indicates, “Topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety.” In addition, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Ketoprofen has not been FDA-approved for topical application. **The request for CMPD: tramadol, ketoprofen, baclofen, cyclobenzaprine, Lyrica, PCCA Lipoderm base is not medically necessary and appropriate.**

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.

[REDACTED]

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