

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

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Dated: 12/23/2013

IMR Case Number:	CM13-0012060	Date of Injury:	10/10/2001
Claims Number:	██████████	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/15/2013
Employee Name:	██		
Provider Name:	██		
Treatment(s) in Dispute Listed on IMR Application:	Mediderm Cream 12mg		

DEAR ██████████,

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, ██████████

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 PM&R, has a subspecialty in Interventional Spine 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 IMR application shows the patient is disputing the 8/8/13 UR decision. The 8/8/13 UR letter is from [REDACTED] and denies the Mediderm cream. The patient is currently 38 years old. He apparently injured his lower back on 10/10/01, and underwent microdiscectomy in 2007. He has lumbar radiculopathy confirmed by electrodiagnostic studies. More recently, he has been managing his symptoms with Norco 4/day, Soma 2/day, Mediderm cream daily and using a TENS a few times a week. The physician states the Mediderm creams helps a lot with the pain.

IMR DECISION(S) AND RATIONALE(S)

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

1. Mediderm Cream 120mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 105 & 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

For topical compound medications, MTUS states : *Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.* Medi-derm is a compound of methyl salicylate, menthol and capsaicin. I do not believe the patient has met the MTUS criteria for capsaicin. MTUS states in general topical analgesics are "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." For Capsaicin, MTUS states: *"Recommended only as an option in patients who have not responded or are intolerant to other treatments."* The available records did not show failure of antidepressants or anticonvulsants. At the end of July 2013 it appears that he was being trialed on

gabapentin, but there are no subsequent reports available that show he failed the trial, or tried antidepressants. It does not appear that the patient has met the MTUS criteria for Capsaicin, and therefore the whole Medi-derm compound would not be recommended.

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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