

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 5/5/2009
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0013266

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 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 patient is a 52-year-old female with a listed date of injury of 05/05/2009. The patient is noted to have complaints of pain in the bilateral wrist. The patient also has associated symptoms, including cervical spine pain, psychological symptoms, and abdominal pain. The patient is noted to have pain, stiffness, and weakness in the cervical spine and bilateral wrist. The patient also has tenderness to palpation and spasms on examination. The patient had been diagnosed with cervical spondylosis. Current treatment plan is for topical creams.

IMR DECISION(S) AND RATIONALE(S)

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

1. Gaba/Keto 60 gr times 2 is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS Chronic Pain Guidelines, which is part of the MTUS, and the Official Disability Guidelines, which is not part of the MTUS.

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

The Physician Reviewer's decision rationale:

MTUS Chronic Pain guidelines state that topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested medication includes gabapentin and Ketoprofen. MTUS Chronic Pain Guidelines state that gabapentin in topical form is "not recommended". Guidelines also state that Ketoprofen "is not currently FDA approved for a

topical application.” As the two components of the medication are not recommended, the entire medication is not recommended. **The request for Error! Reference source not found. is not medically necessary and appropriate.**

2. Capsaicin 60 gr times 2 is not medically necessary and appropriate.

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

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

The Physician Reviewer’s decision rationale:

MTUS Chronic Pain guidelines state that topical analgesics are “Largely experimental in use with few randomized controlled trials to determine efficacy or safety.” Guidelines also state that “Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.” The requested medication includes Capsaicin. MTUS Chronic Pain Guidelines state that capsaicin is “Recommended only as an option in patients who have not responded or are intolerant to other treatments.” Guidelines also state that “There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy.” As the component of the medication is not recommended, the entire medication is not recommended. **The request for Capsaicin 60gr times 2 is not medically necessary and appropriate.**

/MCC

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.



CM13-0013266