

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/9/2013
Date of Injury:	3/23/2007
IMR Application Received:	8/19/2013
MAXIMUS Case Number:	CM13-0013780

- 1) MAXIMUS Federal Services, Inc. has determined the request for **C-Ketoprofen/Lidocaine/Baclofen is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/19/2013 disputing the Utilization Review Denial dated 8/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/25/2013. 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 **C-Ketoprofen/Lidocaine/Baclofen** 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:**

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, shoulder pain, and knee pain reportedly associated with an industrial injury of March 23, 2007.

Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; topical compounds; prior right knee meniscectomy; and the apparent imposition of permanent work restrictions.

In a utilization review report of August 9, 2013, the claims administrator denied the request for a ketoprofen containing compounded cream. In a letter dated August 15, 2013, the attending provider appealed, stating that the applicant is entitled to future medical care.

In an earlier doctor's first report of March 25, 2013, however, is notable for comments that the applicant is using oral Relafen for pain relief. There is no mention made of intolerance or other adverse effects with Relafen.

### **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 C-Ketoprofen/Lidocaine/Baclofen:**

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 Chronic Pain medical treatment Guidelines, Topical Analgesics, page 112, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-13, which is part of the MTUS.

Rationale for the Decision:

As noted on page 112 of the MTUS Chronic Pain Guidelines, ketoprofen is not recommended for topical compound use purposes. Similarly, page 113 of the MTUS Chronic Pain Medical Guidelines suggests that baclofen is likewise not recommended for topical compound use purposes. Since two ingredients in the topical compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Medical Treatment Guidelines. Therefore, the original utilization review decision is upheld. **The request for C-Ketoprofen/Lidocaine/Baclofen is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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