

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/5/2013  
Date of Injury: 10/16/2012  
IMR Application Received: 8/20/2013  
MAXIMUS Case Number: CM13-0013932

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 & Pain Management 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:

This patient is a 58 year old female injured worker who has been given the diagnosis of brachial neuritis/radiculitis NOS, Intervertebral disc disorder with cervical myelopathy. Treatment has been with lumbar facet interventions, narcotic medication, physical therapy, and psychotherapy. Normal results were demonstrated on electrodiagnostic studies of the arms and legs. An MRI of the lumbar spine demonstrates moderate canal stenosis. On 1/18/13, Dr [REDACTED] noted a cervical spine MRI demonstrated moderate central canal stenosis and diagnosed sacroiliac joint pain. On 5/19/13, Dr [REDACTED] indicated that patient should continue cognitive behavioral therapy (CBT), and on 4/29/13 same provider indicated he felt patient had depression. On 7/1/13, it was noted that gastrointestinal (GI) distress is caused by systemic medication, but it was not clear if it was thought that gabapentin caused GI distress or only NSAIDs, as provider's note is mostly illegible. On 7/29/13, it is noted that CBT is beneficial; however, no functional improvement nor objective indices of improvement is noted.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. The continuation of sessions of group therapy is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, CBT, page 23, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

The chronic pain guidelines indicate that a psychotherapy CBT referral is recommended after 4 weeks if lack of progress from physical medicine alone. There is a requirement for an initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, for a total of up to 6-10 visits over 5-6 weeks. The medical records provided for review do not have objective documentation that the employee has had functional improvement. **The request for 12 additional sessions of group therapy is not medically necessary and appropriate.**

**2. Gabapentin/ketoprofen/lidocaine cream is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 110-112, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

This compounded topical cream contains compounded ketoprofen, which the guidelines indicate is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Regarding topical NSAIDs in general, MTUS states they are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are only recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also indicate that they are not effective for treating neuropathic pain. This employee does not have a diagnosis indicated by the guidelines. **The request for the compounded gabapentin/ketoprofen/lidocaine cream is not medically necessary and appropriate.**

/dso

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]  
[REDACTED]  
[REDACTED]