

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/13/2013
Date of Injury:	7/28/2010
IMR Application Received:	8/21/2013
MAXIMUS Case Number:	CM13-0014438

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Keto Cream 10% is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/21/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/3/2013. 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 **Keto Cream 10%** 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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:

This is a male patient with the date of injury of July 20, 2010. A utilization review determination dated August 13, 2013 is available for review. The report recommends non-certification for keto cream 10%. A progress report dated September 6, 2013 includes subjective complaints stating "achiness in both hands, bilaterally. Better with H-wave and when he tries not to use his hands too much, but when he doesn't use his hands repetitively, this increases the pain and achiness. He also has neck problems, since about 1993 or so, which is not considerably to be greatly related to his wrist pain problems with his work injury." Physical examination identifies "upper extremities: diffusely tender over the wrist bilaterally, with reduced flexibility. No discoloration or gross swelling. No heat, or a effusion notable." Diagnoses include "wrist strain, chronic pain, wrist (hand) osteoarthritis, complex regional pain syndrome of upper extremity." Recommendations include continue medications such as Aleve 220 mg q8, trazodone, Keto cream 10%, naproxen 550 mg q12, Flector patch bid, cyclobenzaprine/ketoprofen cream.

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 Keto Cream 10%:

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 Anagesics, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Anagesics, pages 111-112, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that topical nonsteroidal inflammatory medications are superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterwards or with a diminishing effect over another two week period. Guidelines go on to state that the indications for topical nonsteroidal anti-inflammatory's include "osteoarthritis and tendinitis, in particular, that of the knee, and elbow or other joints that are amenable to topical treatment: recommended for short-term use." Oral NSAIDs have significantly more guideline support. Within the documentation available for review, there is no indication that this medication is being used for short-term use. Additionally, there's no indication that the employee cannot tolerate oral NSAIDs, and would therefore need topical NSAIDs as an alternative. In fact, the employee is being prescribed Aleve 220 mg q8, naproxen 550 mg every 12 hours, flector patch twice a day, keto cream 10%, and a combination cyclobenzaprine ketoprofen cream. Therefore, the notes indicate that the employee is using at least five different types of anti-inflammatory medications. The risks of anti-inflammatory medications include gastritis, gastroesophageal reflux disease, internal bleeding, and death. Therefore, there is significant concern, for this employee who is using multiple NSAID medications including topical and oral forms. **The request for Keto Cream 10% 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, 18th Floor
Oakland, CA 94612

/bh

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.