

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/24/2013  
Date of Injury: 4/13/2006  
IMR Application Received: 8/23/2013  
MAXIMUS Case Number: CM13-0015856

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 Physical Medicine and Rehabilitation, 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:

This is a 44 YO, RHD, F, bus driver for an adult day care facility with a 4/13/06 injury from lifting clients on wheelchairs and walkers . She developed back and chest pain, with an initial diagnoses of cervical and thoracic strain, costochondritis of anterior chest wall, and anxiety issues. A cervical MRI was performed on 6/20/06 and the first mention of lumbar strain was on 6/27/06. An EMG/NCV was conducted on 12/15/06 and shows bilateral CTS. She had dermatology and cardiology work ups. Then on 10/12/08 she lifted a pot of boiling gravy from the stove, but her wrists gave out and she dropped it, resulting in second degree burns and multiple lacerations. She is s/p right elbow ulnar nerve release and right long trigger finger release, 1/18/11, s/p left shoulder SAD, distal clavicle excision and RCR on 6/11/09, s/p left CTR 4/7/09, s/p endoscopic right CTR on 12/2/08.

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

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

**1. Prescription of Cyclobenzaprine HCL 10mg, #90, with one (1) refill between 5/16/2013 and 9/17/2013 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines (2004), Chapter 9, Shoulder Complaints, pg. 196, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Muscle relaxants (for pain), page 63-66, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS guidelines for muscle relaxants for pain, pages 63-66, specifically for cyclobenzaprine states "This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) "

The records show the patient has been on cyclobenzaprine since 3/14/13. The request for continuing cyclobenzaprine for over 8-weeks, on 5/16/13 is not in accordance with MTUS guidelines.

**2. Prescription of Salonpas Gel 0.025-1.25% patches, #30, with three (3) refills between 5/16/2013 and 11/16/2013 is not medically necessary and appropriate.**

The Claims Administrator based its decision : Not clear from the UR Determination

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

The Physician Reviewer's decision rationale:

MTUS for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. " The Salonpas gel patch is reported to contain menthol and capsaicin. MTUS for Capsaicin, states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments" The records show the patient did not fail the anticonvulsant Gabapentin, and is still using it. It was not clear if there was a trial and failure of antidepressants or not. The MTUS criteria for capsaicin component of Salonpas Gel Patch has not been met, therefore the whole Salonpas Gel Patch is not recommended.

**3. Erythrocyte Sedimentation Rate, ANA Level, and rheumatoid factor between 5/1/2013 and 9/17/2013 is medically necessary and appropriate.**

The Claims Administrator based its decision on the Medical Services Commission. Rheumatoid arthritis: diagnosis, management and monitoring. Victoria (BC): British Columbia Medical Services Commission, 2012 Sep 30. Pg. 7, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 11, page 269, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The request is for labs for inflammation and arthritis relate to MTUS/ACOEM clinical topics, chapter 11, page 269, which states, "A number of patients with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, Vitamin B complex deficiency and arthritis. When history indicates, testing for these or other comorbid conditions is recommended." The request is in accordance with MTUS/ACOEM guidelines.

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]

CM13-0015856