
Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]

Dated: 1/17/2014

IMR Case Number:	CM13-0015906	Date of Injury:	04/15/2010
Claims Number:	[REDACTED]	UR Denial Date:	08/08/2013
Priority:	STANDARD	Application Received:	08/23/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]	M.D.	
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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 Internal Medicine, Pulmonary Diseases 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31-year-old male who reported injury on 04/15/2010 with an unstated mechanism of injury. The patient was noted to have complaints of constant stabbing, aching, and sharp pain in the low back. The patient was noted to have a decreased range of motion. The diagnoses were noted to include herniated disc lumbar spine, lumbago, and lumbar radiculitis/neuritis. The request was made for capsaicin 0.025, flurbiprofen 30%, methyl salicylate 4% cream 10 grams, urinalysis toxicology, and consult for NESP-R program.

IMR DECISION(S) AND RATIONALE(S)

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

1. Capsaicin 0.025% is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Treatment Guidelines, Topical Analgesics.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 112.

The Physician Reviewer's decision rationale: CA MTUS states capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to provide the patient had not responded or was intolerant to other treatments. Additionally, it failed to provide the quantity of the requested medication. The clinical documentation submitted for review indicates that the capsaicin, flurbiprofen, and methyl salicylate are to be in a Lipoderm base, and the patient is to apply a thin layer generously to the affected area 2 times or 3 times a day as directed. However, the clinical

documentation failed to provide, per the request, that these products to be put together. Given the above and the lack of clarification, the request for Capsaicin 0.025% is not medically necessary.

2. Flurbiprofen 30% is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Treatment Guidelines, Topical Analgesics.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 72.

The Physician Reviewer's decision rationale: California MTUS Guidelines indicate that flurbiprofen is an NSAID that is used for osteoarthritis and mild to moderate pain. The clinical documentation submitted for review failed to provide the patient had osteoarthritis and failed to provide the efficacy of the requested medication. Additionally, it failed to provide a quantity of the requested medication. The clinical documentation submitted for review indicates that the capsaicin, flurbiprofen, and methyl salicylate are to be in a Lipoderm base, and the patient is to apply a thin layer generously to the affected area 2 times or 3 times a day as directed. However, the clinical documentation failed to provide, per the request, that these products to be put together. Given the above and the lack of clarification, the request for Flurbiprofen is not medically necessary.

3. Methyl Salicylate 4% cream, 10gm is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Treatment Guidelines, Topical Analgesics.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 105.

The Physician Reviewer's decision rationale: CA MTUS Guidelines recommend topical salicylate in the treatment of pain. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. The clinical documentation submitted for review indicates that the capsaicin, flurbiprofen, and methyl salicylate are to be in a Lipoderm base, and the patient is to apply a thin layer generously to the affected area 2 times or 3 times a day as directed. However, the clinical documentation failed to provide, per the request, that these products to be put together. Given the above and the lack of clarification, the request for Methyl Salicylate 4% cream 10gm is not medically necessary.

4. Urinalysis toxicology is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Treatment Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 78.

The Physician Reviewer's decision rationale: CA MTUS Guidelines recommend the use of drug screening or inpatient treatment for patients with issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to document the patient had issues of

abuse, addiction, or poor pain control. Given the above, the request for Urinalysis toxicology is not medically necessary.

5. NESP-R program is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines.

The Physician Reviewer's decision rationale: The clinical documentation submitted for review failed to indicate the components of a NESP-R program and a timeline. Given the above, and the lack of clarification, the request for consult for NESP-R program is not medically necessary.

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.

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