
Independent Medical Review Final Determination Letter

504

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

Dated: 12/27/2013

IMR Case Number:	CM13-0016838	Date of Injury:	05/20/1991
Claims Number:	[REDACTED]	UR Denial Date:	08/09/2013
Priority:	STANDARD	Application Received:	08/26/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
CAPSAICIN, FLURIBROPROFEN, METHYL, SALICYLATE, LIPODERM BASE, TRAMADOL			

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 Physical Medicine & 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:

According to the available records, this is a 65 YO, F, [REDACTED] with multiple industrial injures from 1983- 1991 involving the neck and low back. There is history of hypertension and diabetes. One of the 1991 injuries was a work-related MVA. She has not worked since 1991. She underwent cervical spine surgery in 2010 and reports several surgeries to her upper extremities. As of 8/22/13, she still has 7/10 low back pain, and takes metformin, Cozaar, glucosamine, tramadol, Flexeril, Prilosec, Flector patch and Lidoderm patches.

IMR DECISION(S) AND RATIONALE(S)

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

1. 240 gm Capsaicin 0.25%, Flurbiprofen 30%, Methyl Salicylate 4%, Lipoderm Base is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS, and the Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

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

The Physician Reviewer's decision rationale:

The 5/29/13 PR2 from Dr. [REDACTED] shows subjective complaints in the neck, shoulder and right knee, the objective findings show improvement in headaches, dizziness,

depression The prior PR2 is dated 2/20/13, reporting increased low and mid back symptoms. There are cervical and lumbar MRIs showing multilevel disc bulging. There is an 8/22/13, pain management consult with Dr. [REDACTED] his examination is limited to the low back. I am asked to review for medical necessity of a compound topical medication containing Flurbiprofen, capsaicin, and methyl salicylate. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is an NSAID. MTUS for topical NSAIDs states "Indications: 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 (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." It does not appear to be indicated for the spine or shoulder, and not for use over 12-weeks. The billing records show the compound with NSAIDs being billed from as far back as 1/23/13. The compound containing Flurbiprofen/topical NSAIDs is not in accordance with MTUS, therefore the whole compounded topical medication is not recommended. **The request for 240 gm Capsaicin 0.25%, Flurbiprofen 30%, Methyl Salicylate 4%, Lipoderm Base is not medically necessary and appropriate.**

2. 240 gm Flurbiprofen 20%, Tramadol 20% Lipoderm base is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS, and the Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

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

The Physician Reviewer's decision rationale:

The 5/29/13 PR2 from Dr. [REDACTED] shows subjective complaints in the neck, shoulder and right knee, the objective findings show improvement in headaches, dizziness, depression The prior PR2 is dated 2/20/13 reporting increased low and mid back symptoms. There are cervical and lumbar MRIs showing multilevel disc bulging. There is an 8/22/13, pain management consult with Dr. [REDACTED] his examination is limited to the low back. I am asked to review for medical necessity of a compound topical medication containing Flurbiprofen, and tramadol,. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is an NSAID. MTUS for topical NSAIDs states "Indications: 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 (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." It does not appear to be indicated for the spine or shoulder, and not for use over 12-weeks. The billing records show the compound with NSAIDs being billed from as far back as 1/23/13. The compound containing Flurbiprofen/topical NSAIDs is not in accordance with MTUS, therefore the whole compounded topical medication is not recommended. **The request for 240 gm Flurbiprofen 20%, Tramadol 20% Lipoderm base is not medically necessary and appropriate.**

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]

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