
Independent Medical Review Final Determination Letter

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

Dated: 12/30/2013

IMR Case Number:	CM13-0017644	Date of Injury:	01/04/1995
Claims Number:	[REDACTED]	UR Denial Date:	08/20/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
1. FLURBIPROFEN 10% CAPSAICIN/MENTHOL/CAMPHOR BASE, DOS: 07/25/2013 2. KETOPROFEN 10% CYCLOBENZAPRINE 10% BASE DOS: 07/25/2013			

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]
[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 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:

The underlying date of injury in this case is 1/04/1995. This patient's treating diagnosis is a chronic lumbar intervertebral disc syndrome with intractable low back pain as well as lumbar myofasciitis. This patient has reported persistent, intermittent flare ups of moderate pain with associated muscle spasms in the low back. The treating provider has recommended continued use of analgesics/anti-inflammatories/muscle relaxant medications as well as compounded pharmacological medications to help reduce the use of opioid medication.

IMR DECISION(S) AND RATIONALE(S)

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

1. The compounded medication of flurbiprofen 10%/Capsaicin/Menthol/Camphor base provided on 7/25/13 is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines state the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment. The employee does not meet the criteria for capsaicin as specifically described in the guidelines. Additionally, the medical records provided for review do not document a rationale for the component medications in this compounded

analgesic. Therefore, overall this request is not medically necessary. **The request for the flurbiprofen 10%/Capsaicin/Menthol/Camphor base is not medically necessary and appropriate.**

2. The compounded medication of Ketoprofen 10%/Cyclobenzaprine 10% provided on 7/25/13 is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines state any compounded product that contains at least one drug that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Additionally, there is no evidence for use of muscle relaxant as a topical product. Therefore, both of the component medications in this compounded medication are specifically not recommended by the treatment guidelines. Therefore, overall this request is not medically necessary. **The compounded medication of Ketoprofen 10%/Cyclobenzaprine 10% 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]

CM13-0017644