

Independent Medical Review Final Determination Letter

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

Dated: 12/30/2013

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|---|--------------|------------------------------|------------|
| IMR Case Number: | CM13-0017657 | Date of Injury: | 05/09/2012 |
| Claims Number: | [REDACTED] | UR Denial Date: | 08/13/2013 |
| Priority: | STANDARD | Application Received: | 08/28/2013 |
| 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]
[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 05/09/2012. The mechanism of injury is that the patient is a teacher who was injured when she tripped over a child and landed face forward onto her wrists and knees, injuring her neck and back. The patient's diagnoses include cervical sprain, thoracolumbar sprain, bilateral wrist strains with bilateral median sensory neuropathy at the wrists, and bilateral knee sprains. The patient developed a chronic pain syndrome with persistent pain despite treatment including physical therapy, chiropractic, and acupuncture.

IMR DECISION(S) AND RATIONALE(S)

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

1. Medrox Patch #60 between 5/2/13 and 10/4/13 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 Section on Topical Analgesics, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines, section on topical analgesics, states, "*The use of these compounded agents requires knowledge of the specific analgesic effect of each*

agent and how it will be useful for the specific therapeutic goal required....Any compounded product that contains at least one drug that is not recommended is not recommended... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatment....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indicate that this increase over a 0.025% formulation would provide any further efficacy.” In general, the medical records provided for review do not discuss the rationale and mechanism of action of the components of this medication. Regarding the specific component, capsaicin, the records do not indicate that this employee has not responded to other treatments or that there is a rationale for the increased concentration or dosage of capsaicin in this medication. **The request for Medrox Patch #60 between 5/2/13 and 10/4/13 is not medically necessary and appropriate.**

2. Tramadol 50mg #90 between 5/2/13 and 10/4/13 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 section on Tramadol, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines, section on Tramadol states this medication “*is not recommended as a first-line oral analgesic.*” This medication may be indicated if there are specific functional or other benefits attained from this medication. The medical records provided for review contain very limited information regarding the past benefit or other indication for this treatment. Therefore, as noted in the prior physician review, it is possible there is indication for this medication, but it is not supported by the current medical records. **The request for Tramadol 50mg #90 between 5/2/13 and 10/4/13 is not medically necessary and appropriate.**

/MCC

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]

CM13-0017657