
Independent Medical Review Final Determination Letter

790

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

Dated: 12/31/2013

IMR Case Number:	CM13-0017720	Date of Injury:	01/09/1978
Claims Number:	[REDACTED]	UR Denial Date:	08/07/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
POS-CMPD-C-KETO%/LIDO 10%/ BACLO 10% 180 GM DAY SUPPLY: 30 QTY: 180 REFILLS			

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 Occupational Medicine 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 applicant is a represented former [REDACTED] employee who has filed a claim for depression, anxiety, chronic low back pain, chronic neck pain, shoulder pain, wrist pain, and knee pain reportedly associated with cumulative trauma suffered at work between 1970 and 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; prior lumbar fusion surgery; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 7, 2013, the claims administrator denied a request for topical compound. The applicant's attorney later appealed, as did the attending provider. In a letter of September 25, 2013, the attending provider writes that the therapeutic cream could be used locally and could theoretically increase her capacity. The attending provider, it is also noted, wrote an appeal on September 3, 2013 to pursue a spinal cord stimulator. Finally, an earlier note of July 9, 2013 is notable for comments that the applicant is using topical Medrox patches and Relafen while remaining off of work, on total temporary disability.

IMR DECISION(S) AND RATIONALE(S)

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

1. Compounded Topical Cream containing Ketoprofen/Lidocaine10%/Baclofen10%/180GM Day Supply: 30 QTY 180 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines section on Topical Analgesics pages 111-113, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

As noted on pages 112 and 113 of the MTUS Chronic Pain Guidelines, neither ketoprofen nor baclofen are recommended for topical use purposes, resulting in an unfavorable recommendation for the entire compound. It is further noted that the employee is using and tolerating first line oral pharmaceuticals, including Relafen, as noted by the attending provider in the medical records provided for review. Therefore, the original utilization review decision is upheld. **The request for compounded topical cream containing Ketoprofen/Lidocaine10%/Baclofen10%/180GM Day Supply 30 QTY 180 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]

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