

## Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0018272	<b>Date of Injury:</b>	01/14/2013
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
ORTHOSTIM INTERFERENTIAL UNIT BLOOD TEST TO MONITOR KIDNEY AND LIVER FUNCTION DUEXIS 800/26.6MG #60 KETOLIDO CREAM			

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 Orthopedic Surgery, 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 claimant is a 28 year old female injured in a work related accident on January 14, 2013 with current complaints of left wrist pain. The clinical records include a progress report of October 3, 2013 with subjective complaints of pain in the left wrist. It states the recent physical therapy had been helpful and that she continues to improve her range of motion and activities of daily living. It states she is being treated with medications including Duexis and Lyrica without side effects. Her diagnosis is sprain of the wrist and chronic pain syndrome. There is noted to be painful range of motion with diminished sensation to the left hand and digits in the first through fifth digits. The recommendation was for continuation of medications, cognitive behavioral therapy and interferential stimulator stating discontinuation of Duexis due to side effect. It should be indicated the specific side effects from the medication are not documented. JC1/tg

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Orthostim interferential unit is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Intereferential current stimulation, which is part of the MTUS, ACOEM guidelines, which is part of the MTUS, and the Official Disability Guidelines, which is not part of the MTUS

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, page 118, which is part of the MTUS

The Physician Reviewer's decision rationale:

Based on the CA MTUS Chronic Pain Guidelines interferential stimulation would not be supported. This device is not recommended as an isolated intervention. It is reserved for cases where individuals are unresponsive to conservative measures and typically only supported in situations where return to work, exercise and medication are used in tangent. In this case there is no clinical evidence to support the role of an interferential stimulator unit for a complaint of "wrist sprain." It is unclear why more first line therapeutic agents for a wrist sprain would not be indicated. At this stage in the clinical course the role of an interferential unit based on clinical findings would not be supported. **The request for orthostim interferential unit is not medically necessary and appropriate.**

**2. Blood test to monitor kidney and liver function is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, hypertension, and renal failure, page 69, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS Chronic Pain Guidelines some medications do require monitoring of hepatic and kidney function, no medications in this case are currently being prescribed for such. There is no current medication for which the claimant would still benefit from her current complaints of wrist sprain. The role for monitoring of blood for kidney and liver function is not supported. **The request for a blood test to monitor kidney and liver function is not medically necessary and appropriate.**

**3. Duexis 800/26/6 mg #60 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, hypertension, and renal failure, page 68, which is part of the MTUS.

The Physician Reviewer's decision rationale:

A prescription for Duexis is not indicated. This is a combination agent consisting of an anti-inflammatory and a proton pump inhibitor and would not be indicated. The MTUS guidelines indicate the shortest dose of nonsteroidal for the shortest duration possible in treating inflammatory processes. The claimant is not with chronic complaints of pain with a diagnosis of wrist sprain. Based on the physical examination findings and the timeframe from injury which is now greater than two years the continued role of this combination agent is not supported. **The request for Duexis 800/26/6 mg #60 is not medically necessary and appropriate.**

#### **4. Kitolido cream is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

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

The Physician Reviewer's decision rationale:

Based on the CA MTUS Chronic Pain Medical Treatment Guidelines topical compound to contain Lidocaine and Ketoprofen would not be supported. A compounded topical agent that contains any ingredient that is not supported is not supported as a whole. Ketoprofen is not FDA approved for use in a topical form. The request cannot be supported as medically necessary. **The request for Kitolido cream 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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