

Independent Medical Review Final Determination Letter

1188

[REDACTED]

Dated: 12/18/2013

IMR Case Number:	CM13-0018707	Date of Injury:	10/26/2011
Claims Number:	[REDACTED]	UR Denial Date:	08/26/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
POS - CMPD-GAB APENTI/METHYLCEL/PYRIDOXIN DAY SUPPLY: 30 QTY: 60 REFILLS: 00 CMPD-FLURBIPRO/CYCLOBENZ/MENTHOL C/PENTRAVAN DAY SUPPLY: 30 QTY: 180 REFILLS: 00; BIOTHERMLOT DAY SUPPLY: 30 QTY: 120 REFILLS: - COMPUNDED TOPICAL CREAMS NOT MEDICALLY C			

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 Family Practice, and is licensed to practice in Texas. 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator.
- Medical Treatment Utilization Schedule (MTUS)

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 patient is a 55-year-old female who reported an injury on 10/26/2011. The patient has undergone prior left shoulder acromioplasty, manipulation under anesthesia, synovectomy, lysis of adhesions, bursectomy, and Mumford procedure on 04/29/2013. The patient has had persistent left shoulder pain as well as left knee pain. The patient's medication regimen is noted to include hydrocodone, diclofenac, pantoprazole, cyclobenzaprine, as well as the requested creams. The patient is noted to have locking and catching of the left knee on the most recent physical examination.

IMR DECISION(S) AND RATIONALE(S)

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

1. POS-CMPD-gabapenti/methylcel/pyridoxin day supply: 30 Qty 60 refills is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA Medical Treatment Utilization Schedule 2009: Chronic Pain Treatment Guidelines, Pages 111-113: Topical Analgesics, 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 is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the medical records reviewed the requested medication is non-certified at this time. The proposed cream includes baclofen which California MTUS Guidelines indicate is not recommended. The California MTUS Guidelines state that topical analgesics are largely experimental and any compounded product that contains at least one (1) drug that is not recommended is not recommended. As gabapentin is not recommended and is a compound in the requested product, the requested medication is not supported. Furthermore, there is no clinical rationale for the need for proposed topical cream versus oral medications. **The request for POS-CMPD-gabapenti/methylcel/pyridoxine day supply: 30 Qty 60 refills is not medically necessary and appropriate.**

2. CMPD-flurbipro/cyclobenz/menthol c/pentravan day supply: 30 Qty 180 refills is not medically necessary and appropriate.

The Claims Administrator based its decision on the the CA Medical Treatment Utilization Schedule 2009: Chronic Pain Treatment Guidelines, Pages 111-113: Topical Analgesics, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Pages 11-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the medical records reviewed the requested medication is non-certified. The California MTUS Guidelines state that topical analgesics are largely experimental and any compounded product that contains at least one (1) drug that is not recommended, is not recommended. The California MTUS Guidelines specifically states that muscle relaxants such as cyclobenzaprine are not recommended, as there is no evidence for use of any muscle relaxant as a topical product. Therefore, the entire cream would not be recommended. Furthermore, there is no indication why the employee could not take standard oral medications. **The request for CMPD-flurbipro/cyclobenz/menthol c/pentravan day supply: 30 Qty 180 refills is not medically necessary and appropriate.**

3. The bio-therm lot day supply: 30 Qty 120 refills is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA Medical Treatment Utilization Schedule 2009: Chronic Pain Treatment Guidelines, Pages 111-113: Topical Analgesics, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

The specific components of the requested medication are unknown. Nonetheless, there is no clinical rationale for the proposed medication. There is no indication that the employee has had any significant improvement in symptoms with the proposed medication. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The above is based on the medical records sent for review. **The request for bio-therm lot day supply: 30 Qty 120 refills is not medically necessary and appropriate.**

/jb

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.

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