MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 9/9/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/5/2013
Date of Injury:	2/26/2010
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001537

1) MAXIMUS Federal Services, Inc. has determined the request for compound medication: ketoprofen/lidocaine/capsaicin/tramadol 15% 1% #120gm **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for compound medication: flurbiprofen/lidocaine/capsaicin/tramadol #120gm **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for compound medication: ketoprofen/lidocaine/capsaicin/tramadol 15% 1% #120gm **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for compound medication: flurbiprofen/lidocaine/capsaicin/tramadol #120gm **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision 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 Expert 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 treatments and/or services at issue.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013

"Clinical Rationale
The patient is a 38 year old female with a date of injury of 2/26/10. The provider is currently requesting prescriptions for the compounded medications Keto/Lidoc/Caps/Tram #120 and Flur/Cyclo/Caps/Lido #120."

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review by [redacted] (dated 7/8/13)
- Request for Authorization for Medical Treatment (dated 7/2/13, 5/29/13)
- Employee's Medical Records by [redacted] (dated 4/25/13 thru 9/27/12)
- Employee's Medical Records by [redacted], MD (dated 1/21/13, 12/12/12)
- Medication Summary Report by [redacted] (dated 4/25/13)
- Employee's Medical Records by [redacted] (dated 2/7/13)
- Employee's Medical Records by [redacted], MD (dated 3/9/13)
- Employee's Medical Records by [redacted], MD (dated 1/10/13)
- [redacted] Rx Order Form (dated 12/13/12)

- Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg 111-112

1) **Regarding the request for compound medication: ketoprofen/lidocaine/capsaicin/tramadol 15% 1% #120gm:**

   Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
   The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guideline (2009), pages 111-112, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

   Rationale for the Decision:
   The employee was injured on 2/26/10 and has experienced pain in the cervical spine and bilateral arms. The medical records provided for review indicate diagnoses of cervical radiculitis, carpal tunnel double crush syndrome, right De Quervain's syndrome, and right greater than left cubital tunnel syndrome. The employee's current medication regimen includes naproxen, omeprazole, cyclobenzaprine, sumatriptan succinate, tramadol 150 mg, and topical analgesics. The request was submitted for compound medication: ketoprofen/lidocaine/capsaicin/tramadol 15% 1% #120gm.

   The MTUS Chronic Pain guidelines indicate ketoprofen is not currently FDA approved for topical use, and therefore, the compound would not be recommended. The medical records indicate that the employee is currently taking oral tramadol 150mg, and it is unclear why a cream containing tramadol would also be necessary. The request for compound medication: ketoprofen/lidocaine/capsaicin/tramadol 15% 1% #120gm is not medically necessary or appropriate.

2) **Regarding the request for compound medication: flurbiprofen/lidocaine/capsaicin/tramadol #120gm:**

   Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

   The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages111-112, which are part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

   Rationale for the Decision:
   The employee was injured on 2/26/10 and has experienced pain in the cervical spine and bilateral arms. The employee has diagnoses of cervical radiculitis, carpal tunnel double crush syndrome, right De Quervain's syndrome, and right

greater than left cubital tunnel syndrome. The employee's current medication regimen includes naproxen, omeprazole, cyclobenzaprine, sumatriptan succinate, tramadol 150 mg, and topical analgesics. The request was submitted for flurbiprofen/lidocaine/capsaicin/tramadol #120gm.

The MTUS Chronic Pain guidelines indicate ketoprofen is not currently FDA approved for topical use, and therefore, the compound would not be recommended. The MTUS guidelines indicate that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, and the guidelines state there is no evidence for the use of any other muscle relaxant (cyclobenzaprine) as a topical product. Furthermore, it is unclear why the patient would require a prescription for two topical creams which both contain capsaicin/lidocaine. In addition, it is unclear why the patient would require a prescription for oral cyclobenzaprine and a cream containing cyclobenzaprine. The request for compound medication: flurbiprofen/lidocaine/capsaicin/tramadol #120gm is not medically necessary and appropriate.

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.