
Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 5/11/2000
IMR Application Received: 7/17/2013
MAXIMUS Case Number: CM13-0001776

- 1) MAXIMUS Federal Services, Inc. has determined the request for Keto-Flex and flur 20 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar spine epidural **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 Keto-Flex and flur 20 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar spine epidural **is 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 Physical Medicine and Rehabilitation, has a subspecialty 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 2, 2013:

"This is now a 61 year old male with a work injury from 5/11/00. The resulted in a low back injury and an eventual lumbar fusion. He has gone on to develop a chronic pain syndrome. There have been previous epidural injections".

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 (received 7/17/2013)
- Utilization Review Determination from [REDACTED] (dated 7/2/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for Error! Reference source not found.:

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), pg. 111-113, 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 sustained a work-related injury on May 11, 2000 to the lower back. The medical records provided for review indicate a diagnosis of chronic pain syndrome. Treatments have included epidural injections, physical therapy, and medication management. The request is for Keto-Flex and flur 20.

The MTUS Chronic Pain guidelines state a compounded medication that contains one component or drug class that is not recommended is not recommended. Keto-flex and flur are compounded creams with the active ingredient being Ketoprofen that is not recommended for topical use. The request for Keto-Flex and flur 20 **is not medically necessary and appropriate.**

2) Regarding the request for Error! Reference source not found.:

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), pg. 46 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 sustained a work-related injury on May 11, 2000 to the lower back. The medical records provided for review indicate a diagnosis of chronic pain syndrome. Treatments have included epidural injections, physical therapy, and medication management. The request is for lumbar spine epidural.

The MTUS Chronic Pain guidelines state that repeat blocks should be based on at least 50% pain relief with reduction of medication use, and functional improvement. The medical records provided for review indicate that the employee had previous epidural injection which resulted in 5-20% improvement and did not reduce narcotic medication or produce functional improvement. Therefore, the request for lumbar spine epidural **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

/hs

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.