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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

Dated: 12/31/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/8/2013
Date of Injury:	11/23/2011
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001977

DEAR

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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,

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 IMR application shows the applicant's attorney is disputing the 7/8/13 UR decision. The 7/8/13 UR letter is by ESIS, and is denying a month supply of Lidocaine patches, Dendracin ointment, Terocin lotion and Omeprazole 20mg. UR denied Dendracin and Terocin for containing a drug or drug class that is not recommended by MTUS. Lidoderm was denied because UR did not see evidence that a first line therapy such as tricyclic antidepressant (TCA), Serotonin–norepinephrine reuptake inhibitor (SNRI) or Antiepilepsy drugs (AED) was tried. Omeprazole was denied because there were no GI symptoms or conditions seen.

This is a 4'11", 142 lbs, 38 year-old, right handed, female, with several industrial injury claims according to the records. The attorney letter shows two claims with dates of injury: 10/13/11 and CT 10/13/10-10/13/11, the IMR application shows an 11/23/11 injury date. The 6/12/13 report from Dr[redacted] shows the treatment requested is for the bilateral upper extremities. She worked as a taxi dispatcher since 1998 and does extensive writing and developed CTS symptoms in 2008. She had CTR on the left hand. On 10/13/11 she was directing traffic and a taxi's side mirror hit her hand.

IMR DECISION(S) AND RATIONALE(S)

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

1. Retrospective request for one month supply of Lidocaine patches received on 6/12/13 is medically necessary and appropriate.

The Claims Administrator based its decision on the ACEOM Guidelines, Forearm, Wrist and Hand Complaints, Elbow Disorders and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidoderm (lidocaine patch), page(s), 56-57 and Topical Analgesics, Lidocaine, page(s) 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The Utilization Review denied Lidoderm patches because they did not see where first-line therapies (TCA, SNRI or AED) were tried. The records show the patient was on Neurontin 600mg tid in 2011. She was shown to have peripheral neuropathy, carpal tunnel syndrome, and left ulnar neuropathy at the cubital tunnel. The request is in accordance with MTUS guidelines.

2. Retrospective request for one month supply of Dendracin ointment received on 6/12/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACEOM Guidelines, Forearm, Wrist and Hand Complaints, Elbow Disorders and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Capsaicin, page(s) 111-113 and Salicylate Topicals, page(s) 105, which is part of the MTUS.

The Physician Reviewer's decision rationale:
There is no description of the Dendracin prescribed by the treating physician. The PR2 has a check box format without specifying Dendracin versus Dendracin neurodendraxin. Dendracin contains methyl salicylate, menthol and benzocaine. Benzocaine is not recommended under MTUS, so the whole compound would not be recommended. Dendracin neurodendraxin, contains methyl salicylate , menthol and capsaicin. In this form, all the components have some support in MTUS, but the capsaicin would require a failure or intolerant to other treatments. The records did not provide evidence that the patient has failed or was intolerant of other treatments; therefore, in this case, the capsaicin would likely not meet the MTUS requirements, so neither form of Dendracin can be considered to be in accordance with MTUS.

3. Retrospective request for one month supply of Omeprazole 20mg received on 6/12/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACEOM Guidelines, Forearm, Wrist and Hand Complaints, Elbow Disorders and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, page(s) 68-69, which is part of the MTUS.

The Physician Reviewer's decision rationale:
When the patient first saw the treating physician, she was already taking omeprazole. The treating physician exchanged Relafen for Naproxen, and continued omeprazole stating it was for GI prophylaxis. There was no history of GI events and the patient did not appear to have any GI Risk factors outlined by MTUS. The request is not in accordance with MTUS recommendations.

4. Retrospective request for Terocin lotion received on 6/12/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACEOM Guidelines, Forearm, Wrist and Hand Complaints, Elbow Disorders and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesic, page(s) 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:
Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS states these are recommended after failure of antidepressants or anticonvulsants and MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin contains topical lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria, and therefore the whole compounded product is not recommended.

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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