

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	11/6/2007
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0002147

- 1) MAXIMUS Federal Services, Inc. has determined the request for Gabaketolido rub **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Exotin-C Lotion **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 requested Gabaketolido rub **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Exotin-C Lotion **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 Family Practice, 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:

“Primary treating physician’s progress report dated 05/03/13 states the claimant fell on the left outstretched hand. The claimant has been able to work using the splint. Transdermal creams, Gabaketolido rub and Exoten-C lotion are helpful. The claimant alternates the intake of Tramadol and Hydrocodone. On exam, there is spasm, tightness, and tenderness in the shoulder regions, bilaterally. There is some limited range of motion and crepitus. There is a positive Tinel's sign, bilaterally with pain. Swelling is noted in the left hand. A urine specimen was obtained to date to monitor medication usage. The provider recommends Gabaketolido rub and Exoten-C lotion as transdermal analgesics, Norco 10/325 mg #60 for pain relief, and Ambien 10 mg #30 for sleep. The claimant remains permanent and stationary and will continue work with same restrictions of a 10-minute break every hour.”

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 on 07/19/2013)
- Utilization Review from [REDACTED] (dated 7/02/2013)
- Employee medical records from [REDACTED] (dated 07/02/2013)
- Medical Treatment Utilization Schedule(MTUS)

1) Regarding the request for Gabaketolido rub :

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) Topical analgesics which is a part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 18, 56, 67 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on November 6, 2007 to the left hand. Medical records provided for review indication treatments have included splinting, topical analgesics, and medication management. The request is for GabaKetolido rub.

Gabaketolido is a compounded topical medication containing gabapentin, ketoprofen, and lidocaine. The MTUS Chronic Pain guidelines indicate that gabapentin is not listed in topical form as an option to treat shoulder pain; that lidocaine is approved for post-herpetic neuralgia and may be considered for local peripheral pain if there is evidence of first-line therapy of serotonin–norepinephrine reuptake inhibitors (SNRIs) or gabapentin (oral) use; and that there is no support for topical non-steroidal use such as ketoprofen for chronic shoulder or upper extremity pain. The medical records reviewed do not document any significant improvement based on previous use of the topical medical which would meet criteria outside the guidelines. The request for GabaKetolido rub **is not medically necessary and appropriate.**

2) Regarding the request for Exotin-C Lotion :

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) Topical analgesics, 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 based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg.28 which is part of MTUS and relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on November 6, 2007 to the left hand. Medical records provided for review indication treatments have included splinting, topical analgesics, and medication management. The request is for Exotin-C Lotion.

The MTUS Chronic Pain guidelines state that Exotin-C Lotion does not meet criteria for chronic pain management of the upper extremity or shoulder. The dose for capsaicin is higher than that proven to provide clinical benefit. The medical records reviewed do not document significant improvement from the prior use of this topical medication which would meet criteria for use outside the

guidelines. The request for Exotin-C **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.