

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	5/28/2002
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002453

- 1) MAXIMUS Federal Services, Inc. has determined the request for musculoskeletal pain compound cream (ketamine 15%, Gabapentin 6%, Baclofen 2%, cyclobenzaprine 2% and Flurbiprofen 10%) #360gm/30 days with 12 refills **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 musculoskeletal pain compound cream (ketamine 15%, Gabapentin 6%, Baclofen 2%, cyclobenzaprine 2% and Flurbiprofen 10%) #360gm/30 days with 12 refills **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The 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 and Pain Management 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 determination dated 7/2/2013:

This claimant is treating for myofascial pain of the cervical spine. The claimant has obtained some massage therapy on her own with some symptomatic relief. There is now a request for a formal course of massage therapy x 4. The following MTUS guideline is referenced:

### **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 of Independent Medical Review (date 7/22/2013)
- Utilization Review Determination by [REDACTED] (date 7/2/2013)
- Medical Records from Claims Administrator (date 8/13/2013)
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for musculoskeletal pain compound cream (ketamine 15%, Gabapentin 6%, Baclofen 2%, cyclobenzaprine 2% and Flurbiprofen 10%) #360gm/30 days with 12 refills:**

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

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 111, which is part of the MTUS.

Rationale for the Decision:

The employee reported cumulative trauma on 05/28/02 and 07/11/02 with injuries to the bilateral wrists and upper and mid-back. The medical records provided and review indicate the employee has been treated for the following diagnoses: muscle spasm; carpal tunnel syndrome; ganglion cyst at the right wrist status post excision; myofascial pain syndrome; depression secondary to chronic pain condition; lateral epicondylitis; and difficulty sleeping due to chronic pain. Treatments have included Voltaren gel and myofascial treatment massage. A request for musculoskeletal pain compound cream (ketamine 15%, Gabapentin 6%, Baclofen 2%, cyclobenzaprine 2% and Flurbiprofen 10%) #360gm/30 days with 12 refills was submitted.

The MTUS Chronic Pain Medical Treatment Guidelines (2009) states, “Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended.” Ketamine is not supported for topical application. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. Gabapentin is not recommended topically as there is no peer reviewed literature to support its use. The MTUS Chronic Pain guideline indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The request for musculoskeletal pain compound cream (Ketamine 15%, gabapentin 6%, baclofen 2%, Cyclobenzaprine 2%, and flurbiprofen 10%) 330 g/30 days with 12 refills **is not medically necessary or 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/skf

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.