

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: 10/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	2/14/2002
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002907

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for diclo/flur/lido 240 gm compound **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 retrospective request for diclo/flur/lido 240 gm compound **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 Preventative Medicine and 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 12, 2013:.

“It is the opinion of the reviewing physician that, This 59 y/o woman reported an injury to her low back on 2/14/02 when she fell off a ladder while washing windows. No details of the injury or initial treatment are present in the record. She is now : being treated by [REDACTED], MD for arm pains. No physical examination is present in the record. Diagnoses are bilateral carpal tunnel syndrome and facial palsy and headaches.

Dr. [REDACTED] stated that she received some relief from DPL cream and requested approval for Diclofenac/Fiurbiprofen/Lidoderm Compound 240 gm. Dispensed in 3/18/13.”

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 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/12/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the retrospective request for diclo/flur/lido 240 gm compound:

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), which are part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific page. 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 was injured on 2/14/2002 and has been diagnosed with carpal tunnel syndrome, sprain lumbar region, headache, facial pain, and anxiety. The employee has been treated with physical therapy, analgesics, topical compounds, as well as adjuvant medications for myalgias. A progress note dated 5/29/2013 documented the employee still reports headache and facial pain. A retrospective request was submitted for diclo/flur/lido 240 gm compound.

The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics and topical compounds are largely experimental. These medications can be considered for neuropathic pain in cases when trials of oral antidepressants and/or anticonvulsants fail. In this case, the employee's headaches, facial pain, wrist pain, and low back pain are likely not amenable to topical application. The records submitted and reviewed do not document evidence that antidepressants and/or anticonvulsants have been tried and failed. Per records submitted, the employee is pending a trial of Lyrica and is also trying another adjuvant medication, Savella. The retrospective request for diclo/flur/lido 240 gm compound **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

/sab

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.