

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	11/15/2012
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004241

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Gaba-keto topical ointment is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **capsaicin topical ointment is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Urine Drug Screen is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **Gaba-keto topical ointment is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **capsaicin topical ointment is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Urine Drug Screen 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 Preventive 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.

Expert Reviewer Case Summary:

The applicant is a female who has filed a claim for chronic knee and elbow pain reportedly associated with an industrial injury of 11/15/12. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compound; unspecified amounts of physical therapy; and extensive periods of time off of work. The most recent handwritten progress report of 7/22/13 is handwritten, not entirely illegible, difficulty to follow, and notable for comments that the applicant is off of work, on total temporary disability. The applicant is given Norco, Ambien, and Celebrex, it is seemingly suggested. A prior note of 7/8/13, suggests that the applicant is using various topical compounds, including gabapentin-ketoprofen compound as well as a capsaicin containing compound. A prior narrative report dated 4/1/13, suggests that the applicant is off of work, on total temporary disability.

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
- Utilization Review Determination [REDACTED]
- Medical Records from Provider and the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Gaba-keto topical ointment :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg. 47 and the Chronic Pain Medical Treatment Guidelines, pg. 111-113, which are part of the MTUS.

Rationale for the Decision:

MTUS guidelines recommend neither gabapentin nor ketoprofen for topical use purposes. Guidelines further indicate that when one ingredient in the topical compound is not recommended, the entire compound is considered to carry an unfavorable rating. The ACOEM guidelines deem oral pharmaceuticals the most appropriate first-line palliative measure. In this case, there is no evidence of intolerance to and/or failure of multiple classes of oral analgesics. The records submitted for review indicate that the employee was noted as using oral medications, including Norco. Thus the requested Gaba-keto is not recommended as the employee is noted to be using the appropriate first-line oral pharmaceutical. **The request for Gabo-keto topical ointment is not medically necessary and appropriate.**

2) Regarding the request for a capsaicin topical ointment :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical analgesics, pg. 112, which is part of the MTUS.

Rationale for the Decision:

The MTUS guidelines indicate that capsaicin is considered a last-line agent, to be used only in those individuals who are intolerant to and/or have failed to respond to other treatments. In this case, the medical records submitted for review indicate that the employee is using and tolerating first-line oral analgesic

appropriately, and the usage of the topical capsaicin containing compound is not clinically indicated. **The request for capsaicin topical ointment is not medically necessary and appropriate.**

3) Regarding the request for a Urine Drug Screen :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, pg. 43, which is part of the MTUS. The Expert Reviewer also based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, which is not part of MTUS.

Rationale for the Decision:

MTUS guidelines recommends intermittent urine drug testing in the chronic pain population, however the MUTS does not specifically address the frequency with which urine drug testing should be performed. In this case, the records dated 4/29/13 note that the employee received a urine drug test on that date. Although the third edition of the ACOEM guidelines endorse urine drug testing in those individuals prescribed opioids, the guidelines further states that urine drug screen should be employed to identify aberrant behavior that is not otherwise apparent. In this case, the provider has not discussed or described the results of the Urine Drug Test, either on the visit in question of 8/19/13 or on the prior visit of 4/29/13. Performing urine drug testing without ascertaining the result and/or determining whether the drug test results are consistent with the prescribed medications does not meet guideline criteria. **The request for a urine drug screen 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/th

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.