

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/15/2013  
Date of Injury: 8/13/2004  
IMR Application Received: 7/29/2013  
MAXIMUS Case Number: CM13-0004589

DEAR [REDACTED],

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: UPHOLD. This means we decided that none 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, [REDACTED]

## 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 Internal Medicine and Cardiology, 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### 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 patient is a 37 year old female who reported injury on 08/13/2004 with an unknown mechanism of injury. The patient was noted that they had spasms. The patient was noted to have tenderness along the lumbosacral area and limited range of motion. The patient's diagnosis included discogenic lumbar condition status post disc replacement. The treatment plan was noted to include compound ketamine, bupivacaine, diclofenac, doxepin DS 30 quantity 200 with 4 refills.

### IMR DECISION(S) AND RATIONALE(S)

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

1. **Error! Reference source not found. is not** medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS Chronic Pain Medical Treatment Guidelines section on Topical Analgesics pages 111-113, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 43, 71, 111, 113, and 122, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines recommend topical analgesics but do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The use of these compound agents requires knowledge of the specific analgesic effects of each agent and how it will be useful for the specific therapeutic goal required. The MTUS Chronic Pain Guidelines indicate Ketamine is under study for neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. An office note dated 07/11/2013 revealed the employee had complaints of spasms. The employee was noted to have tenderness

along the lumbosacral area as well as a limited range of motion. The physician advised the employee to continue the medications of Vicodin, Valium, and ThermaCare wraps. The clinical documentation submitted for review failed to establish medical necessity for the requested compounded medication with objective findings. The clinical documentation also did not provide subjective and objective findings of neuropathic pain and failed to provide proof that the employee had exhausted all primary and secondary treatments. **The request for Error! Reference source not found. is not medically necessary and appropriate.**

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.

