

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/21/2013

Date of Injury:

12/21/2000

IMR Application Received:

7/29/2013

MAXIMUS Case Number:

CM13-0004901

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Diclofenac sodium 1.5% cream 60gm** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ketamine 5% cream 60gm** 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 7/20/2013. 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 **Diclofenac sodium 1.5% cream 60gm** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ketamine 5% cream 60gm** 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 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 patient is a 41-year-old who fell taking down decorations. The patient shattered her elbow on cement and injured the left side of her body and right wrist. The patient also had a gun shot wound in 2001. The patient has an electromyogram showing right Carpal Tunnel Syndrome. The treating physician has discontinued oral medications from their office, but is unsure of what meds the patient is taking. The patient is also taking meds from her psychiatrist. The appeal from the provider states the patient has neuropathic pain due to a equivocal straight leg raise

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
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Diclofenac sodium 1.5% cream 60gm :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical NSAIDs, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, page 112, which is part of the MTUS.

Rationale for the Decision:

The MTUS chronic pain guidelines state that topical NSAIDS (non-steroidal anti-inflammatory agents) have been effective for knee and elbow. They also state that they are not recommended for hip spine and shoulder as requested in this case. They are also not recommended for neuropathic pain. In addition guides recommend diclofenac 1% and not diclofenac 1.5%. **The request for Diclofenac sodium 1.5% cream 60gm is not medically necessary or appropriate.**

2) Regarding the request for Ketamine 5% cream 60gm :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Ketamine, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pages 1 and 113, which are part of the MTUS.

Rationale for the Decision:

The California MTUS chronic pain guidelines recommend ketamine only for neuropathic pain when primary and secondary treatment has been exhausted. There is no evidence of neuropathic pain as defined by California MTUS chronic pain guides, "pain initiated or caused by a primary lesion or dysfunction of the nervous system. Also, for neuropathic pain, the guides state, "The altered modulation of the pain response in patients with neuropathic pain causes a state of hyperexcitability and continuous pain signal output in the absence of peripheral tissue damage". There is no indication there is neuropathic pain in this case. **The request for ketamine 5% 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,

Paul Manchester, MD, MPH
Medical Director

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

/dat

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.