

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:	7/23/2013
Date of Injury:	2/4/2008
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005095

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Keratin cream** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 **Keratin cream 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 has filed a claim for chronic foot pain reportedly associated with an industrial injury of February 4, 2008.

Thus far, the claimant has been treated with the following: Analgesic medications; orthopedic shoes; work restrictions; transfer of care to and from various providers in various specialties; orthotics; and extensive periods of time off of work.

In a Utilization Review Report of July 23, 2013, utilization review non-certified Keratin. The utilization reviewer states that the attending provider has withdrawn the request.

The most recent progress report of July 31, 2013 is notable for comments that the applicant reports persistent foot pain. There is evidence of keratotic lesions noted about the foot. Paresthesias apparently consistent with diabetes, telangiectasias, and varicosities are appreciated. There is tenderness about the plantar fasciitis. The applicant is given prescription Flexeril, tramadol, and Neurontin. The applicant is asked to try and lose more weight. Orthopedics boots are endorsed. The applicant remains 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
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Keratin cream:

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 in its utilization review determination letter.

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

Rationale for the Decision:

Topical medications are not recommended, per MTUS/ACOEM guidelines table 3-1. This is echoed by page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, which deems topical analgesics largely experimental. It is not clearly stated what precisely this cream represents. No compelling rationale was attached to the request for IMR or the request for authorization. The records submitted fail to provide any compelling rationale to try and make a variance from the guidelines or to clearly state what the agent in question represents. **The request for Keratin cream 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

/bh

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