

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: 11/26/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/18/2013 |
| Date of Injury: | 8/6/2012 |
| IMR Application Received: | 7/31/2013 |
| MAXIMUS Case Number: | CM13-0005118 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 compounded tube of Ketamine 2.75% **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 2.25% **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for EMLA (oil-in-water emulsion in cream base) 3.5% **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Lidocaine 1.25% **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Amitriptyline 1.25% **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Diclofenac 3.625% **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Baclofen 1% **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Dexamethasone 0.2% in 37.5 % Solaraze 3% gel 180 grams **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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/4/2013. 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 1 compounded tube of Ketamine 2.75% **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 2.25% **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for EMLA (oil-in-water emulsion in cream base) 3.5% **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Lidocaine 1.25% **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Amitriptyline 1.25% **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Diclofenac 3.625% **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Baclofen 1% **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Dexamethasone 0.2% in 37.5 % Solaraze 3% gel 180 grams **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, [REDACTED], is a represented [REDACTED], Incorporated employee who has filed a claim for neck pain, shoulder pain, and brachial plexopathy reportedly associated with cumulative trauma at work between the dates of August 6, 2011 through August 6, 2012.

Thus far, she has been treated with the following: Analgesic medications; a CT scan of the cervical spine of June 6, 2013, interpreted largely unremarkable, showing only low-grade degenerative changes of uncertain clinical significance; left shoulder corticosteroid injection on May 16, 2013; and transfer of care to and from various providers in various specialties.

The most recent note on file is a July 18, 2013 utilization review report non-certifying several topical compounds.

A May 16, 2013 progress note suggests that the claimant has significant residual issues pertaining to the neck, arm, and shoulder.

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 ESIS
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 compounded tube of Ketamine 2.75% :

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 MTUS, Neck and Upper Back Complaints, Shoulder Complaints, Forearm, wrist and Hand Complaints, Elbow Disorders, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines), Ketamine, page 113, and Topical Analgesics, page 111, which are part of MTUS.

Rationale for the Decision:

As noted on page 113 of the Chronic Pain Medical Treatment Guidelines, ketamine is considered under study and to be used only in cases of refractory neuropathic pain in which all primary and secondary treatments have been exhausted. In the medical records provided for review there is no clear evidence that the employee has tried and failed multiple classes of oral analgesics. As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, when one ingredient in a topical compound is not recommended, the entire compound is not recommended. **The request for Ketamine 2.75% is not medically necessary, and appropriate.**

2) Regarding the request for Cyclobenzaprine 2.25% :

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 MTUS, Neck and Upper Back Complaints, Shoulder Complaints, Forearm, wrist and Hand Complaints, Elbow Disorders, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Other muscle relaxants, page 113 and Topical Analgesics, page 111, which are part of MTUS.

Rationale for the Decision:

As noted on page 113 of the Chronic Pain Medical Treatment Guidelines, topical preparations of muscle relaxants such as cyclobenzaprine are not recommended for topical or compounded use. Since one ingredient in the topical compound is not recommended, the entire topical compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. **The request for Cyclobenzaprine 2.25% is not medically necessary and appropriate.**

3) Regarding the request for EMLA (oil-in-water emulsion in cream base) 3.5%:

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 MTUS, Neck and Upper Back Complaints, Shoulder Complaints, Forearm, wrist and Hand Complaints, Elbow Disorders, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111 and Lidocaine Indication, page 112, which are part of MTUS.

Rationale for the Decision:

One of the ingredients in the topical compound is lidocaine. Lidocaine, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, is recommended only for neuropathic pain in individuals in whom first line antidepressants and/or anticonvulsants have been tried and/or failed. In the medical records submitted for review there is no clear evidence that the employee has failed any oral antidepressants and/or anticonvulsant. When one ingredient in a topical compound carries an unfavorable rating, the entire compound carries an unfavorable rating. **The request for EMLA (oil-in-water emulsion in cream base) 3.5%, is not medically necessary and appropriate.**

4) Regarding the request for Lidocaine 1.25% :

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 MTUS, Neck and Upper Back Complaints, Shoulder Complaints, Forearm, wrist and Hand Complaints, Elbow Disorders, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111 and Lidocaine Indication, page 112, which are part of MTUS.

Rationale for the Decision:

As with the EMLA compound, lidocaine is not recommended for topical compounded use except in case of neuropathic pain in which antidepressants and/or anticonvulsants have been tried and/or failed. In the medical records submitted for review there is no clear evidence that the employee has failed any oral antidepressants and/or anticonvulsant. **The request for Lidocaine 1.25% is not medically necessary and appropriate.**

5) Regarding the request for Amitriptyline 1.25% :

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 MTUS, Neck and Upper Back Complaints, Shoulder Complaints, Forearm, wrist and Hand Complaints, Elbow Disorders, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111-112 and Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), Oral Pharmaceuticals, pages 33-34, which are part of MTUS.

Rationale for the Decision:

Page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems topical agents and topical compounds largely experimental. The MTUS-adopted ACOEM guidelines in chapter 3 deem oral pharmaceuticals the most appropriate first-line palliative measure. In the medical records submitted for these cases there are no evidence of intolerance to and/or failure of multiple classes of oral analgesics which might make a case for usage of topical agents or topical compounds which, per ACOEM table 3-1, are "not recommended." In this case, it is further noted that no clinical progress notes were attached to the request for authorization to try and make the case for a variance from the guidelines. **The request for Amitriptyline 1.25% is not medically necessary and appropriate.**

6) Regarding the request for Diclofenac 3.625%:

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 MTUS, Neck and Upper Back Complaints, Shoulder Complaints, Forearm, wrist and Hand Complaints, Elbow Disorders, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which are part of MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), Oral Pharmaceuticals, pages 33-34, and the Chronic Pain Medical Treatment Guidelines, Voltaren, page 112, which are part of the MTUS.

Rationale for the Decision:

As with the other agents, ACOEM deems oral pharmaceuticals the most appropriate first line palliative measure. In the medical records provided for review there is no evidence of intolerance to and/or failure of multiple classes of oral analgesics so as to try and make a case for usage of topical agents or topical compounds. No compelling rationale or narrative was attached to the request for authorization. It is further noted that page 112 of the MTUS Chronic Pain Medical Treatment Guidelines supports usage of topical Voltaren and diclofenac only in the treatment of arthritis of the small joints that lend themselves to topical treatment. In this case, there is no clearly stated diagnosis of arthritis of the hand, ankle, foot, knee, or wrist which might make a case for usage of the topical diclofenac containing compound. **The request for Diclofenac 3.625% is not medically necessary and appropriate.**

7) Regarding the request for Baclofen 1% :

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 MTUS, Neck and Upper Back Complaints, Shoulder Complaints, Forearm, wrist and Hand Complaints, Elbow Disorders, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Baclofen, page 113 and Topical Analgesics, page 111, which are part of MTUS.

Rationale for the Decision:

As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen is not recommended for topical compounded use. When one ingredient in the topical compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. **The request for Baclofen 1% is not medically necessary and appropriate.**

8) Regarding the request for Dexamethasone 0.2% in 37.5 % Solaraze 3% gel 180 grams :

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 MTUS, Neck and Upper Back Complaints, Shoulder Complaints, Forearm, wrist and Hand Complaints, Elbow Disorders, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which are part of MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), Oral Pharmaceuticals, pages 33-34, and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, which are part of the MTUS.

Rationale for the Decision:

As with the other agents, no clear rationale accompanied the request for authorization. It is not clearly stated why first line oral pharmaceuticals cannot be employed here, as suggested in ACOEM chapter 3. ACOEM table 3-1 does not recommend topical medications. This is echoed by the MTUS Chronic Pain Medical Treatment Guidelines, which also consider topical analgesics largely experimental. In this case, it is not clearly stated why a topical steroid containing compound is in need or indicated in conjunction with the numerous other topical agents. **The request for Dexamethasone 0.2% in 3.75% Solaraze 3% gel 180 grams 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

/sce

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.