
Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/19/2013

Date of Injury:

12/11/2010

IMR Application Received:

8/1/2013

MAXIMUS Case Number:

CM13-0005830

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for Ketoprofen powder 30gm **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Acetyl-D Glucosamine 7.5gm **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for Cyclobenzaprine powder 15gm **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for Tramadol HCL powder 15gm **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 Ketoprofen powder 30gm **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Acetyl-D Glucosamine 7.5gm **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine powder 15gm **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tramadol HCL powder 15gm **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 Physical Medicine and Rehabilitation 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 IMR application shows the employee was injured on 12/11/10 and disputes the 7/19/13 UR decision. The 7/19/13 UR decision is for a denial of various powdered medications for 4/30/12 through 5/26/12. It states the RFA was dated 7/15/2013. UR reviewed a PR2 by [REDACTED] 7/13/2012. This PR2 is handwritten and shows "left shoulder pain" objective finding was pain with motion, and there is no mention of powdered medications. The 7/15/13 RFA was not provided for IMR. And there is no rationale available for the powdered medications.

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 Ketoprofen powder 30gm:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111-113, which is part of the MTUS.

Rationale for the Decision:

There is no rationale provided for ketoprofen powder. It is unknown if the physician was using this to make into an elixir for drinking or into a topical cream, or whether it was intended to be mixed with the other powdered medications into a compound medication. There is no discussion that the employee has issues with swallowing the tablet form. If this was to be a topical, Chronic Pain Medical Treatment Guidelines recommend against ketoprofen as a topical as it is not FDA approved for topical applications. There is not enough information provided to confirm that the medication is provided in accordance with MTUS guidelines. **The request for Ketoprofen powder 30gm is not medically necessary and appropriate.**

2) Regarding the request for Acetyl-D Glucosamine 7.5gm:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), page 50, which is part of the MTUS.

Rationale for the Decision:

There is no rationale provided for acetyl-D glucosamine. The employee was reported to have left shoulder pain at the time, and the only objective finding was pain with motion. The only diagnosis was left shoulder impingement. There was no mention of osteoarthritis or knee symptoms. The information provided on the 7/13/12 PR2 does not meet MTUS guidelines criteria for glucosamine. MTUS specifically recommends the glucosamine sulfate form of glucosamine for treatment. There is not enough information provided to confirm that the medication is provided in accordance with MTUS guidelines. **The request for Acetyl-D Glucosamine 7.5gm is not medically necessary and appropriate.**

3) Regarding the request for Cyclobenzaprine powder 15gm:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (flexeril), pgs. 41-42, which are part of the MTUS.

Rationale for the Decision:

There is no rationale provided for cyclobenzaprine powder. It is unknown if the physician was using this to make into an elixir for drinking or into a topical cream, or whether it was intended to be mixed with the other powdered medications into a compound medication. There is no discussion that the employee has issues with swallowing the tablet form. If this was to be a topical, MTUS recommends against topicals with cyclobenzaprine. And MTUS states cyclobenzaprine is not recommended to add to other agents. There is not enough information provided to confirm that the medication is provided in accordance with MTUS guidelines. **The request for Cyclobenzaprine powder 15gm is not medically necessary and appropriate.**

4) Regarding the request for Tramadol HCL powder 15gm:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram), pg. 113, which is part of the MTUS.

Rationale for the Decision:

There is no rationale provided for tramadol powder. It is unknown if the physician was using this to make into an elixir for drinking or into a topical cream, or whether it was intended to be mixed with the other powdered medications into a compound medication. There is no discussion that the employee has issues with swallowing the tablet form. There is no discussion of other medications being tried. MTUS states tramadol is not recommended as a first-line oral analgesic. There is not enough information provided to confirm that the medication is provided in accordance with MTUS guidelines. **The request for Tramadol HCL powder 15gm 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

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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.