

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

December 19, 2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/29/2013  
Date of Injury: 4/23/2010  
IMR Application Received: 8/7/2013  
MAXIMUS Case Number: CM13-0007695

Dear Mr./Ms. [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 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### 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 applicant is a represented [REDACTED] who has filed a claim for chronic hand pain, wrist pain, elbow pain, depression, mid back pain, and sleep disturbance reportedly associated with an industrial injury of April 23, 2010.

Thus far, the applicant has been treated with the following: Analgesics medications; topical agents; wrist brace; lumbar support; TENS unit; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability.

A prior note of February 21, 2013, is notable for comments that the applicant is having transportation difficulties, is receiving chiropractic treatment, is using Traumeel cream and ointments. Lumbar and wrist range of motion are reduced secondary to pain. The applicant is asked to remain off of work, on total temporary disability, while pursuing additional manipulative treatment. A later note of July 11, 2013, is again notable for comments that the applicant is symptomatic, states that she is in great pain, and exhibits reduced sensation and positive impingement sign about the bialateral shoulders. The applicant was asked to obtain acupuncture, obtain medication refills and remain off of work, on total temporary disability, for additional six weeks.

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

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

#### **1. Advil Cap. 200mg #60 is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, pg. 22, which is part of the MTUS

The Physician Reviewer's decision rationale:

Page 22 of the MTUS Chronic Pain Medical Treatment guidelines does state that anti-inflammatory medications such as Advil do represent additional first line of treatment, in this case, the applicant has used this and other agents chronically and failed to derive any lasting benefit or functional improvement through prior usage of same. The fact that the employee remains off of work, on total temporary disability, implies a lack of functional improvement as defined in section 9792.20f as does the employee's continued reliance on acupuncture and other passive modalities. **The request for Advil Cap. 200mg #60 is not medically necessary and appropriate.**

**2. Flector Dis. 1.3% #60 is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, FDA-approved agents: Voltaren Gel, pg. 112, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Flector is a topical formulation of diclofenac. While Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does weekly endorse usage of topical diclofenac in the treatment of small joints of small joints that lend themselves to topical treatment. In this case, many of the employee's areas of complaints include large joints such as low back. There is, furthermore, no evidence of arthritis for which usage of topical Voltaren/topical Flector will be indicated. As with other drugs, there is no evidence that the employee has effected any functional improvement as defined in section 9792.20f through prior usage of the same. **The request for Flector Dis. 1.3% #60 is not medically necessary and appropriate.**

**3. Salonpas pad #60 is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Salicylate topicals, pg. 105, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Salonpas is a salicylate topical. While salicylate topicals are, per page 105 of the MTUS Chronic Pain Medical Treatment guidelines recommended in the treatment of chronic pain, in this case, as with the other agents, the employee has been on this agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The employee's failure to return to any form of work and reliance on acupuncture and other treatments, including medications, imply the lack of functional improvement as defined in section 9792.20f. **The request for Salonpas pad #60 is not medically necessary and appropriate.**

**4. Traumeel Oin. #400 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the <http://www.ncbi.nlm.nih.gov/pmc/articles>, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Initial Approaches to Treatment, Chapter 3, Oral Pharmaceuticals, pg. 47, and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111, which are part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the Traumeel product description, Traumeel contains 14 different ingredients and can be formulated for sublingual or topical usage. However, page 111 of the MTUS Chronic Pain Medical Treatment guidelines suggests that topical agents are largely experimental. The ACOEM guidelines in Chapter 3 suggest that oral pharmaceuticals are the most appropriate first-line palliative method. Thus, both the MTUS Chronic Pain Medical Treatment guidelines and ACOEM argue against usage of topical agents such as Traumeel. In this case, it is further noted that, as with the other agents, that the employee has used this particular agent chronically and failed to derive any functional improvement as defined in section 9792.20f. The employee's failure to return to any form of work and continued dependence on medical treatment implies the lack of functional improvement as defined in section 9792.20f. **The request for Traumeel Oin. #400 is not medically necessary and appropriate.**

#### **5. Traumeel Sub. #90 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the <http://www.ncbi.nlm.nih.gov/pmc/articles>, which is not part of the MTUS..

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Initial Approaches to Treatment, Chapter 3, Oral Pharmaceuticals, pg. 47, and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111, which are part of the MTUS.

The Physician Reviewer's decision rationale:

As with the other drugs, the employee has used this agent chronically and failed to derive any lasting benefit or functional improvement as defined in section 9792.20f through prior usage of the same. **The request for Traumeel Sub. #90 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.

[REDACTED]

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