

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 7/12/2011
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008263

DEAR [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 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 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 underlying date of injury in this case is 07/12/2011. Administrative records indicate this patient has the diagnosis of generalized pain. An initial physician review indicated that limited clinical information was available. Physician description dated 11/20/2012 reports a diagnosis of a C5-C6 anterior cervical fusion of the iliac crest with possible C4-C5 anterior cervical discectomy and total disc replacement. Other administrative notes indicate the patient fell off a small stool and landed on his back.

IMR DECISION(S) AND RATIONALE(S)

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

1. Topical Keto/Lido/Cap/Tram #120 with three refills is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Table 2-1, Analgesic Creams and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is part of the MTUS, and the Official Disability Guidelines, Topical Compounded Medications and the Food and Drug Administration, Compounded topical anesthetic creams, which are not part of the MTUS.

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

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section Topical Analgesics states, "Any compounded product that contains at least one drug that is not recommended is not recommended... The guidelines indicate that Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis... Capsaicin

is recommended only as an option in patients who have not responded or are intolerant to other treatment.” The medical records do not indicate that this patient meets the criteria for either topical ketoprofen or capsaicin. The records and guidelines do not support an indication for this request; therefore, it is not medically necessary.

2. Topical Flur/Cyclo/Caps/Lido #120 with three refills is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Table 2-1, Analgesic Creams and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is part of the MTUS, and the Official Disability Guidelines, Topical Compounded Medications and the Food and Drug Administration, Compounded topical anesthetic creams, which are not part of the MTUS.

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

The Physician Reviewer’s decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics states, “Any compounded product that contains at least one drug that is not recommended is not recommended... The guidelines indicate that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment...and there is no evidence for use of any other muscle relaxant as a topical product.” Thus, the compounded medication cyclobenzaprine and capsaicin are specifically not recommended by the guidelines. The records do not provide an alternate rationale for this request; therefore, the request is not medically necessary.

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]
[REDACTED]
[REDACTED]

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