

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/28/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 7/29/2009
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0008530

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, Rehabilitation, Pain Medicine, and is licensed to practice in Ohio and Texas. 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 patient is a 39-year-old male who reported an injury on 07/29/2009. The patient had persistent pain complaints of the bilateral hands, wrists, and elbows. Physical findings included restricted wrist range of motion described as 40 degrees in extension and 45 degrees in flexion. The patient was able to make a normal fist and there was no evidence of triggering. The patient was conservatively treated with heat, strength exercise, and medications. The patient's diagnoses included recurrent tenosynovitis of the bilateral wrists and thumb, de Quervain's disease, intermittent carpal tunnel syndrome, and chronic lateral/medial epicondylitis in the bilateral elbows. The patient's treatment plan included continuation of exercise, medications, and avoidance of surgery.

IMR DECISION(S) AND RATIONALE(S)

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

1. Ketoprofen powder 6 gm is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Opioids, On-Going Management, pgs. 76-78, which is part of MTUS.

The Physician Reviewer's decision rationale:

The employee has continued chronic pain complaints of the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines indicate that ketoprofen is not FDA approved for topical

application. Therefore, the request is non-certified. **The request for ketoprofen powder 6 gm is not medically necessary and appropriate.**

2. Cyclobenzaprine NE powder 3 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has chronic pain complaints of the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines indicate that Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is considered a muscle relaxant. Efficacy of muscle relaxants as a topical product is not supported by scientific evidence. **The request for cyclobenzaprine in a powder 3 gm is not medically necessary and appropriate.**

3. Gabapentin powder 3 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has ongoing chronic pain in the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines indicate that gabapentin is not recommended as a topical agent due to lack of peer-reviewed literature to support the use of this agent. **The request for gabapentin powder 3 gm is not medically necessary and appropriate.**

4. PCCA Lipoderm base 24 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has ongoing chronic bilateral wrist pain, hand pain, and elbow pain. The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The clinical documentation

submitted for review does not support the use of a topical agent. As the use of topical analgesics is not recommended by MTUS guidelines, the PCCA Lipoderm base would not be indicated. **The request for PCCA Lipoderm base 24 gm is not medically necessary and appropriate.**

5. Capsaicin 0.1125 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has chronic ongoing pain in the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. However, capsaicin is recommended as an option in individuals who have failed to respond or are intolerant of other treatments. The clinical documentation submitted for review does not provide evidence that the employee has not responded to oral medications. Additionally, formulations that exceed 0.025% are not supported by scientific evidence. The request for 0.1125 g has exceeded the MTUS guidelines recommendation. **The request for capsaicin 0.1125 gm is not medically necessary and appropriate.**

6. Capsaicin 0.11 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has chronic ongoing pain in the bilateral hands, wrists, and elbows. The MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. However, capsaicin is recommended as an option in patients who have failed to respond or are intolerant of other treatments. The clinical documentation submitted for review does not provide evidence that the employee has not responded to oral medications. Additionally, formulations that exceed 0.025% are not supported by scientific evidence. The request for 0.11 g exceeds the guidelines recommendation. **The request for capsaicin 0.11 gm is not medically necessary and appropriate.**

7. Tramadol powder 5 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has ongoing pain complaints of the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, there is little to no research to support the use of opioids in a topical formulation. Therefore, the efficacy and safety of this agent cannot be established. **The requested tramadol powder 5 gm is not medically necessary and appropriate.**

8. Flurbiprofen powder 6 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has ongoing chronic pain complaints of the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines recommend indications for this type of agent in a topical medication include osteoarthritis and tendonitis of the knee and elbow or other joints that are amenable to topical treatment for short-term use no more than 4 to 12 weeks. The clinical documentation submitted for review does not provide evidence that the employee would be using this on a short-term basis. Additionally, there is no evidence that the employee is intolerant or has failed to respond to oral analgesics. Therefore, this topical agent would not be indicated. **The request for flurbiprofen powder 6 gm is not medically necessary and appropriate.**

9. Lidocaine powder 1.5 mg is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain guidelines support the use of topical lidocaine in the formulation of a dermal patch when certain criteria have been met. However, the request is for a topical agent to be compounded. MTUS guidelines indicate that, No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The clinical documentation submitted for review does not specifically identify that the employee's pain is not neuropathic in nature; therefore, this topical agent would not be indicated. **The request for lidocaine powder 1.5 gm is not medically necessary and appropriate.**

10. Menthol levo crystal 1.5 mg is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has chronic pain in the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review does not provide evidence that the employee has failed to respond to first line treatments, such as oral antidepressants, oral anticonvulsants, or oral analgesics. There is no scientific evidence to support the use of this agent in a compounded product. **The request for menthol levo crystal 1.5 mg is not medically necessary and appropriate.**

11. Camphor crystal 0.3 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has chronic pain in the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review does not provide evidence that the employee has failed to respond to first line treatments, such as oral antidepressants, oral anticonvulsants, or oral analgesics. There is no scientific evidence to support the use of this agent in a compounded product. **The request for camphor crystal 0.3 gm is not medically necessary and appropriate.**

12. PCCA lipoderm base 20.7 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has ongoing chronic bilateral wrist pain, hand pain, and elbow pain. The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The clinical documentation does not support the use of a topical agent. As the use of topical analgesics is not recommended by guidelines, the PCCA Lipoderm base would not be indicated. **The requested PCCA Lipoderm base 20.7 gm is not medically necessary and appropriate.**

13. Tramadol HCL powder 4.5 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has ongoing pain complaints of the bilateral hands, wrists, and elbows. The MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, there is little to no research to support the use of opioids in a topical formulation. The efficacy and safety of this agent cannot be established. **The requested tramadol HCl powder 4.5 gm is not medically necessary and appropriate.**

14. Dextromethorphan HBR powder 3 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has chronic pain in the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review does not provide evidence that the employee has failed to respond to first line treatments, such as oral antidepressants, oral anticonvulsants, or oral analgesics. There is no scientific evidence to support the use of this agent in a compounded product. **The request for dextromethorphan HBR powder 3 gm is not medically necessary and appropriate.**

15. Capsaicin powder 0.07 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has chronic ongoing pain in the bilateral hands, wrists, and elbows. The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. However, capsaicin is recommended as an option in individuals who have failed to respond or are intolerant of other treatments. The clinical documentation submitted for review does not provide evidence that the employee has not responded to oral medications. Additionally, formulations that exceed 0.025% are not supported by scientific evidence. The request is for 0.07 gexceeds this recommendation. **The request for capsaicin powder 0.07 gm is not medically necessary and appropriate.**

16. PCCA lipodermbase 22.49 gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has ongoing chronic bilateral wrist pain, hand pain, and elbow pain. The MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The clinical documentation does not support the use of a topical agent. As the use of topical analgesics is not recommended by guidelines, the PCCA Lipoderm base would not be indicated. **The requested PCCA Lipoderm base 22.49 gm is not medically necessary and appropriate.**

17. Ibuprofen 800 mg is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The employee has ongoing chronic pain complaints of the bilateral hands, wrists, and elbows. The MTUS guidelines indicate that, Nonsteroidal anti-inflammatory drugs(NSAIDs) appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The clinical documentation does provide subjective evidence that the employee has chronic pain. However, the efficacy of this medication is not established by objective quantitative findings of pain relief or functional benefit. Therefore, continued use of this medication would not be indicated. **The request for ibuprofen 800 mg #60 is not medically necessary and appropriate.**

18. Hydrocodone Bitartrate/Acetaminophen 7.5/325 mg #60 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Opioids, On-Going Management, pgs 76-78, which is part of MTUS.

The Physician Reviewer's decision rationale:

The employee does have chronic ongoing pain in the bilateral hands, wrists, and elbows. The MTUS guidelines recommend continued use of opioids in chronic pain management to be supported by an assessment of pain relief, assessment of side effects, assessment of functional benefits, and evidence of monitored compliance to prescription medications. The clinical documentation submitted for review does not provide any objective quantitative assessment of pain relief, side effects, or functional benefit. Additionally, the documentation does not address aberrant or non-adherent behavior for the use of this opioid. **The request for hydrocodone bitartrate/acetaminophen 7.5/325 mg #60 is not medically necessary and appropriate.**

19. Lorazepam 2mg #30 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Benzodiazepine, pg. 24, which is part of MTUS.

The Physician Reviewer's decision rationale:

The employee does have ongoing chronic pain complaints of the bilateral hands, wrists, and elbows. The MTUS guidelines do not recommend the long-term use of benzodiazepines due to a high risk of dependence. The clinical documentation submitted for review does not provide evidence of how long this employee has been taking this medication. Due to the vagueness of the documentation there is a possibility that the employee has been taking this medication for an extended duration of time, which would not be supported by guideline recommendations. Additionally, the continued use of lorazepam is not supported by quantitative objective measures to identify pain relief and functional benefit. **The requested lorazepam 2 mg #30 is not medically necessary and appropriate.**

/sm

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 decision



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