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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

2268
[redacted]

Dated: 12/27/2013

IMR Case Number:	CM13-0021352	**Date of Injury:**	08/05/2011
Claims Number:	[redacted]	**UR Denial Date:**	08/19/2013
Priority:	STANDARD	**Application Received:**	09/09/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
MEDICATIONS PER DR. AUN/DR. JOHNSON			

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 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] employee who has filed a claim for chronic knee pain, low back pain, gait disturbance, myalgias, myositis, sleep disturbance, anxiety, and depression reportedly associated with an industrial injury of August 5, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; oral suspensions; prior knee arthroscopy on November 3, 2012; and extensive periods time off of work, on total temporary disability.

In a Utilization Review Report of August 19, 2013, the claims administrator denied request for several topical compounds and oral suspensions.

The applicant's attorney later appealed, on September 6, 2013.

The applicant has been given permanent work restrictions, but apparently has not returned to any form of work, including her original job in [redacted], it is stated on a prior report of March 11, 2013. On February 15, 2013, the attending provider sets forth a request for several topical compounds and oral suspensions. On May 14, 2013, it is acknowledged, however, that the applicant is currently taking oral Naprosyn, motrin, and Tylenol with Codeine. The attending provider continues to request oral suspensions and topical compounds through the usage of highly templated notes dated June 14, 2013, April 19, 2013, and March 27, 2013.

IMR DECISION(S) AND RATIONALE(S)

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

1. Deprizine is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 69, which is part of the MTUS.

The Physician Reviewer's decision rationale:
While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of H2 antagonists such as Zantac or ranitidine in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file fails to establish a diagnosis of dyspepsia for which ranitidine would be indicated.

2. Dicopanol is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS and Official Disability Guidelines.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the National Library of Medicine, Benadryl.

The Physician Reviewer's decision rationale:
National Library of Medicine, Benadryl is indicated in the treatment of allergic reactions, motion sickness, and Parkinson's disease. In this case, the documentation on file fails to establish the presence of any of the aforementioned issues. Therefore, the request is non-certified.

3. Fanatrex is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 49, which is part of the MTUS.

The Physician Reviewer's decision rationale:
While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of gabapentin in those individuals with neuropathic pain, in this case, however, documentation on file fails to establish the diagnosis of neuropathic pain for which usage of gabapentin would be indicated. Therefore, the request is non-certified.

4. Synapryn is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 50, which is part of the MTUS.

The Physician Reviewer's decision rationale:
While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that glucosamine is indicated in the treatment of knee arthritis, in this case, however, the documentation on file fails to establish a diagnosis of knee arthritis for which glucosamine/Synapryn would be indicated. Therefore, the request is non-certified.

5. Tabradol is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 111-113, which are part of the MTUS.

The Physician Reviewer's decision rationale:
As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for compounded use purposes. When one ingredient in a topical compound carries an unfavorable recommendation, the entire compound carries an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, as with the other suspensions and compounds, it is not clearly stated why the applicant cannot use first line oral analgesics. Earlier progress notes suggest that the applicant was using and tolerating Naprosyn, Motrin and other oral pharmaceuticals. Therefore, the request is non-certified.

6. Cyclophene is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 3, page 47, and the Chronic Pain Medical Treatment Guidelines (2009), page 111, which are part of the MTUS.

The Physician Reviewer's decision rationale:
As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of intolerance to and/or failure of first line oral analgesic so as to make the case for topical agents or topical compounds such as cyclophene which, per ACOEM table 3-1 are "not recommended" and are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is non-certified.

7. Topical Ketoprofen is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 112, which is part of the MTUS.

The Physician Reviewer's decision rationale:
As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical application by either the MTUS or the FDA. In this case, no rationale for usage of this agent was provided. It is not clearly stated why oral agents cannot be used here. Therefore, the request is non-certified.

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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