

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	9/20/2005
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011307

- 1) MAXIMUS Federal Services, Inc. has determined the request for **medication management: Transdermal Analgesic ointments is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 **medication management: Transdermal Analgesic ointments 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 Internal 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 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 patient is a 44-year-old who reported a work related injury as a result of a fall on 09/20/2005. The patient presents with treatment for the following diagnoses, radiculopathy of the lumbar spine, back pain moderate to severe, depressive disorder, endocrinopathy opioid induced, lumbar instability, internal derangement of the bilateral knees, insomnia, daytime drowsiness, bilateral knee pain, right greater than left, low libido, fatigue, mood disturbance, herniated L4-5, musculoligamentous injury of the lumbar spine, postlaminectomy syndrome of the lumbar spine status post L4-5 fusion. The clinical notes evidence the patient's medication management includes transdermal analgesic ointments.

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 medication management: Transdermal Analgesic ointments is not medically necessary and appropriate.**

2)

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, pages 118 – 120, as well as Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), pages 46 – 48, which are both a part of the MTUS.

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

Rationale for the Decision:

The medical records were reviewed in conjunction with the applicable guidelines. A review of the records indicates that the current request previously received an adverse determination due to lack of documentation in support of the requested medication. Furthermore, there were no clinical notes submitted for review evidencing the total compounded agents, or specific topical analgesic ointment that is being requested at this point in the employee's treatment. Without documentation evidencing the employee's reports of efficacy with this medication, and specification of the ingredients in the requested transdermal analgesic ointment, the requested intervention cannot be supported. According to the Chronic Pain Medical treatment Guidelines, "topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended." **The request for medication management: Transdermal Analgesic ointments 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.