

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

1136

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Dated: 12/17/2013

IMR Case Number:	CM13-0018595	Date of Injury:	05/03/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/09/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
[REDACTED] PURCHASE OF EXOTEN LOTION FOR DOS 07/16/2013			

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 Family Practice and is licensed to practice in 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

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 38-year-old female who reported injury on 05/03/2012. The mechanism of injury was stated to be the patient was restraining a child, the child kicked the patient's foot, and they fell down the stairs. The patient was noted to have diffuse palpable tenderness in midline L1 to S1 region with palpable tenderness in bilateral paraspinal muscle region and lower extremity radiculopathy symptoms with palpation in the right paraspinal muscle. The diagnoses were stated to include cervicothoracic strain with secondary cephalgia and lumbosacral strain/arthrosis.

IMR DECISION(S) AND RATIONALE(S)

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

1. Retro outpatient pharmacy purchase of Exoten lotion is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg 111, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg 111, and Cyclobenzaprine, pg 41, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The guidelines note topical analgesics are largely experimental in use with few randomized control trials to determine safety and/or efficacy. Cyclobenzaprine is a medication that is in Exoten and it is recommended for a short course of therapy. Additionally, the guidelines note that the addition of cyclobenzaprine to other agents is not recommended. The submitted medical records indicate the employee had a physical examination on 05/07/2013 which revealed diffuse palpable tenderness at the midline L1 to S1 region with palpable tenderness in bilateral paraspinal muscle region and lower extremity radiculopathy symptoms with palpation in the right paraspinal muscle. The employee was noted to have a negative straight leg raise bilaterally in the sitting position. The submitted records noted palpable tenderness to bilateral levator scapular region and cervical spine along with palpable tenderness in the bilateral upper trapezius. The employee reported constant neck spasms that radiate to bilateral shoulders. Clinical documentation submitted for review failed to provide the indications for the use of the medication and the duration of the requested medication as cyclobenzaprine is recommended for short-term use. **The requested retro outpatient pharmacy purchase of Exoten lotion is not medically necessary and appropriate.**

/srb

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[REDACTED]

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