
Notice of Independent Medical Review Determination

Dated: 8/28/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/11/2013

5/8/2012

7/16/2013

CM13-0001603

- 1) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Dendracin lotion 120ml **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 a prescription for Dendracin lotion 120ml **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 Physical Medicine and Rehabilitation, has 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 11, 2013

██████████ is a 49 year old (██████████) male Psych Tech ██████████ for ██████████ who was punched by a patient and had loss of consciousness while at work on 05/08/12 injuring his right ankle, right shoulder, and mental/mental. He is currently not working. The right ankle, right shoulder, and mental/mental have been accepted by the carrier.

PRIOR UR:

-05/13/13 ██████████ M.D.: ██████████ : certified Norco 2.5/325 mg # 60. Non-certified Terocin topical
lotion, epidural steroid injection at C6-C7. -6/6/13 ██████████, MD ██████████ CERTIFIED:
ITEM 5: Tramadol150 mg QTY: 30.00, ITEM 6: Naproxen Sodium 550 mg QTY: 60.00.
PARTIALLY CERTIFIED: ITEM 3: Initial Physical Therapy QTY: 6.00. NON-
CERTIFIED: ITEM 1: EMG for the Right Shoulder, ITEM 2: NCS for the Right Shoulder,
ITEM 4: Initial Acupuncture”

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 for Independent Medical Review dated 7/16/2013
- Utilization Review Determination provided by ██████████ dated 7/11/2013

- Medical Records from 7/02/2013 through 7/03/2013
- Chronic Pain Medical Treatment Guidelines, 2009, Topical Analgesics, pages 111-113

1) Regarding the request for a prescription for Dendracin lotion 120ml:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pages 111-113, of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated that the Chronic Pain Medical Treatment Guidelines, Salicylate topicals, page 105, of the Medical Treatment Schedule (MTUS), Capsaicin, topical, pages 28-29, and Topical Analgesics, pages 111-113, were applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a right ankle, right shoulder, and psychological injury after an assault on 05/08/2012. The medical records submitted indicate that the employee has had MRIs, X-rays, ankle and shoulder surgery, physical therapy, psychiatric treatments and medications. The most recent submitted and reviewed record, dated 7/03/2013, indicated that the employee has improved by 30% with a decrease in pain and an increase in right shoulder range of motion. A request was submitted for Dendracin lotion 120ml.

Dendracin lotion is a compound medication consisting of capsaicin, methyl salicylate, and menthol. The MTUS guidelines indicate that when one ingredient of a compounded medication is not recommended, the compounded medication is not recommended. The compounded lotion requested is primarily recommended for neuropathic pain and the submitted records do not document that the employee's pain has a neuropathic causation. The request for Dendracin lotion 120ml 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

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.