

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/30/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2103
Date of Injury:	7/26/2003
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005147

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ketoprofen 20% **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 6% **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Zipsor **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 Ketoprofen 20% **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 6% **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Zipsor **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 Family Practice 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:

This is a 56-year-old male patient was sustaining injury July 26, 2003. The injury resulted in right knee degenerative joint disease. Recent treatment no price physician July 2013 stated that the medication treatments included: ketoprofen 20%, gabapentin 6% and Zipsor. The ketoprofen and gabapentin or topical creams.

A prior examination on January 18, 2012 of the right knee is the time for crepitation with range of motion as well as a positive McMurray sign.

A more recent examination noted in July 2013 stated the knee range of motion was up 200°. Norco was given for pain along with Zipsor PRN.

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 Ketoprofen 20%:

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, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics pg. 112, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate ketoprofen is not FDA approved for topical application. There's a high incidence of contact dermatitis. Absorption of the drug can result in similar blood concentrations as the oral form. Medical records submitted and reviewed indicate the employee was also prescribed an oral form of a nonsteroidal anti-inflammatory. Records also show no specific information on the chart that this product is providing relief. **The request for Ketoprofen 20% is not medically necessary and appropriate.**

2) Regarding the request for Gabapentin 6%:

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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and Official Disability Guidelines (ODG), no specific reference mentioned. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 113, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate Gabapentin is not recommended for topical use. There is no peer-reviewed literature to support its use or randomized controlled trials. Medical records submitted and reviewed do not specify that this medication is providing relief. **The request for Gabapentin 6% is not medically necessary and appropriate.**

3) Regarding the request for Zipsor:

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, which is part of the California Medical Treatment Utilization Schedule (MTUS), but did not indicate a specific citation. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate acetaminophen should be considered initial therapy for mild to moderate pain, NSAIDS are superior when

there's moderate to severe pain. Medical records submitted and reviewed lack pain documentation and scale ratings. In addition the employee is combining this medication with opioids. Identification of pain benefit from these individual medications is not well noted. Furthermore there is no documentation of inflammation where an anti-inflammatory would be required. **The request for Zipsor 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

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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.