

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	9/8/2011
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006397

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Ketoprofen 10%/ Cyclobenzaprine 6%/Lidocaine HCL 5% is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/29/2013. 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 **retrospective Ketoprofen 10%/ Cyclobenzaprine 6%/Lidocaine HCL 5% 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 Preventive Medicine and 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 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 applicant, Mr. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain, reportedly associated with an industrial injury of September 8, 2011.

The applicant also alleged issues with headaches, sleep disturbance, psychological distress, hypertension, diabetes, and medication side effects, which apparently have been contested by the claims administrator.

Thus far, the applicant has been treated with the following: Analgesic medications; lumbar MRI imaging on September 21, 2012, notable for multilevel low-grade degenerative changes of uncertain clinical significance; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and massage therapy; and work restrictions. It does not appear that the applicant has returned to work with restrictions in place.

In a utilization review report of July 17, 2013, the claims administrator denied request for topical compounded ketoprofen-cyclobenzaprine-lidocaine cream.

In a July 29, 2013, note, it is stated that the applicant has had 30 sessions of physical therapy, medications, and five epidural injections. The applicant was given a 5% whole-person impairment rating.

In a prior note of July 23, 2013, it is stated that the applicant is using Ultracet for pain relief.

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 retrospective request for Ketoprofen 10%/ Cyclobenzaprine 6%/Lidocaine HCL 5%:

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 MTUS Chronic Pain Guidelines, Topical Analgesics, Ketoprofen, and Lidocaine, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, Ketoprofen and Lidocaine, page 112, Other muscle relaxants, page 113, and Initial Approaches to Treatment (ACOE Practice Guidelines, 2nd Edition (2004), Chapter 3), Oral Pharmaceuticals, page 47, which are a part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines state that ketoprofen is not recommended or endorsed for topical use by either the MTUS or the FDA. The guidelines further note that muscle relaxants, including cyclobenzaprine, are not recommended for topical compound purposes; however, topical lidocaine can be considered in those individuals with neuropathic pain in whom first-line antidepressants and/or anticonvulsants have been tried and/or failed. In this case, however, there is no evidence that first-line oral pharmaceuticals including first-line oral antidepressants and/or anticonvulsants have been tried and/or failed. It is noted on prior progress notes that the employee is apparently using and tolerating oral Norco without any issue, impediment, or impairment. The guidelines indicate that when one ingredient in topical compound carries an unfavorable recommendation, the entire compound is not recommended. **Therefore, the retrospective request for Ketoprofen 10%/ Cyclobenzaprine 6%/Lidocaine HCL 5% 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

/hs

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.