

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	8/28/2009
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008874

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Ketoprofen 10% / Lidocaine 10% / Baclofen 10% #180 - 30 day supply** is not **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 retrospective request for **Ketoprofen 10% / Lidocaine 10% / Baclofen 10% #180 - 30 day supply** 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, 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 61-year-old male who reported an injury on 09/20/2008. A clinical note dated 11/05/2012 stated that the patient had chronic pain in his shoulder and feet bilaterally. The patient presented for a pre-operative comprehensive consultation on 01/10/2013. It was determined that the patient was an acceptable low risk for the scheduled surgery. The patient underwent a urine drug screen on 01/21/2013 that was negative for all medications. The patient underwent left shoulder diagnostic arthroscopy with extensive synovectomy, chondroplasty of the glenoid, left shoulder arthrotomy, subacromial decompression, rotator cuff repair, pain pump insertion, and Lidocaine injection. This occurred on 01/25/2013. A clinical note dated 02/04/2013 stated that the surgical intervention did result in a reduction in pain and improvement in function. Physical findings included decreased range of motion on flexion and abduction and a positive impingement and Hawkins sign. It was noted that the patient was declining medical therapy because his symptoms were well controlled with over-the-counter medication. A clinical note dated 03/04/2013 stated that the patient's symptoms were slowly improving. A clinical note dated 04/15/2013 indicated that the patient had developed right knee pain. A clinical note date 07/12/2013, indicated that the patient had residual pain in his left shoulder. Clinical findings included increased range of motion on elevation of the left upper extremity against gravity. It was also noted that the patient did not require a refill of medications.

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% / Lidocaine 10% / Baclofen 10% #180 - 30 day supply:

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, Topical analgesics, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111-112, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines do not recommend the use of topical analgesics; these agents are not considered first line treatments. Ketoprofen is not FDA approved as a topical agent. Lidocaine is recommended as a topical agent after first line treatments have failed to address the patient's pain. The clinical documentation submitted for review does not provide evidence that the employee has failed to respond to first line treatments. Additionally, baclofen is not supported due to lack of peer-reviewed literature to support the efficacy of topical baclofen. Guidelines state that any topical agent that contains a drug or drug class that is not recommended is not supported. As this medication contains Ketoprofen and Baclofen, which are not recommended, this medication would not be supported. **The retrospective request for Ketoprofen 10% / Lidocaine 10% / Baclofen 10% #180 - 30 day supply 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

/ldh

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.