



## Independent Medical Review Final Determination Letter

3066

[REDACTED]

Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0023413	<b>Date of Injury:</b>	05/12/2007
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/12/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
COMPOUND CREAM - FLUBIPROFEN POWDER. DICLOFENAC SODIUM POWDER ULTRADERM BASE CREAM AND HYDOCODONE ACTEAMINOPHEN 5/300MG #60			

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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]  
[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 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### 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 applicant is a represented [REDACTED] employee who has filed a claim for a chronic shoulder pain reportedly associated with an industrial injury of May 12, 2007.

Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; attorney representation; MRI imaging of the right shoulder of September 5, 2013, notable for a partial thickness subscapularis tear; MRI imaging of the left shoulder of September 5, 2013, notable for a questionable labral tear; two prior failed shoulder surgeries; and extensive periods of time off work, on total temporary disability. The applicant subsequently retired from his former employment, it is further noted.

In a utilization review report of August 13, 2013, the claims administrator denied a request for both the topical compounded cream containing flurbiprofen-diclofenac-Ultra Derm and a request for Norco #60.

On earlier note of July 19, 2013 is notable, that the applicant reportedly states that medications are generating improvement in terms of functional activities of daily living. The applicant does nevertheless exhibit diminished shoulder range of motion. Refills of Norco, soma, and Xanax are again issued. A later note of August 16, 2013 is notable, that the applicant's medication usage is generating improvement in terms of activities of daily living.

## **IMR DECISION(S) AND RATIONALE(S)**

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

### **1. Compound cream is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 3) page 47 as well as the Chronic Pain Medical Treatment Guidelines, page 111, which are part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are "largely experimental." They are primarily recommended for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. In this case, however, there is no evidence of first-line oral pharmaceutical failure. It is further noted that the applicant is reportedly using numerous oral analgesics, including Norco, soma, etc., with appropriate improvement, effectively obviating the need for topical analgesics as first-line oral pharmaceuticals are seemingly being employed with good effect. Therefore, the original usage discussion is upheld. The request remains noncertified, independent medical review.

### **2. Hydrocodone Acetaminophen 5mg – 300mg #60 is medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on the page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected through ongoing opioid usage. In this case, the attending provider does document on several offices visits surrounding the date in question that the applicant is reporting appropriate analgesia and improved performance of activities of daily living through ongoing opioid usage, although it is noted that the applicant has failed to return to any form of work. It is noted that the attending provider has not provided any detailed description of what activity or activities have been improved as a result of the ongoing opioid usage; nevertheless, the sheer weight and number of the documents reporting benefit through ongoing Norco usage does outweigh the lack of a detailed description there. Therefore, the original utilization decision is overturned. The request is certified, on the independent medical review.

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.

[REDACTED]

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