

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 5/23/2013

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

- 1) MAXIMUS Federal Services, Inc. has determined the Tramadol requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Polar Frost requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the Thermacare, back pad requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/29/2013 disputing the Utilization Review Denial dated 3/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/19/2013. 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 Tramadol requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Polar Frost requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the Thermacare, back pad requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional 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 a subspecialty in Pain 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 professional 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 March 18, 2013

1. For the purpose of this review, the neck will be addressed.
2. Diagnosis: Cervical/thoracic sprain/strain/muscle spasm.
3. The patient is a 31 year-old female patient s/p injury 3/3/13.
4. Discussion:
 - a) The DFR is handwritten and somewhat difficult to read.
 - b) Mechanism of injury is reported to be patient twisted while in a seated position, and felt pain in the (R) neck and upper back.

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 (IMR) (dated 3/29/13)
- Utilization Review Determination performed by [REDACTED] (dated 3/18/13)

- Medical Records from [REDACTED] (dated 3/7/13 - 4/16/13)
- California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, pg. 113
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg. 174

1) Regarding the request for Tramadol:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 113, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee states while sitting at the desk they twisted to get a stack of clipboards to another side and felt a sharp pain to the upper back. The employee complains of intermittent, sharp and dull neck and right upper back pain. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines specifies that "Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The documentation submitted does not provide functional goals set forth for the patient. The failure of first line agents such as etodolac has not been documented. Therefore, this request **is not medically necessary and appropriate.**

2) Regarding the request for Polar Frost:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg. 174, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Polar Frost is a commercial cooling gel. There is no evidence based literature to support its use. The Medical Treatment Utilization Schedule (MTUS) does not include a specific recommendation regarding the use of Polar Frost. . There is no evidence based literature to support its use. There are no national guidelines

to support the use of Polar Frost gel. This is also considered a duplicate request since the patient is already being provided with cold packs. Therefore, the request for Polar Frost **is not medically necessary and appropriate.**

3) Regarding the request for Thermacare, back pad:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg. 174 of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Thermacare, is a commercial heating agent that is applied topically to conduct passive heat to the body. The Medical Treatment Utilization Schedule does not have specific recommendation regarding Thermacare. Although there are clinical studies that demonstrate its efficacy, there are no guidelines that recommend the use of Thermacare over a standard hot pack. This is considered a duplicate request since the patient is already being provided with hot packs. Therefore, the request for Thermacare, Back Pad **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

/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.