

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Ketoprofen/Lidocaine/Capsaicin/Tramadol requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the Medrox ointment requested **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the Omeprazole Delayed Release Capsules requested **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the Ondansetron, Orally Disintegrating Tablets (ODT) requested **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the Cyclobenzaprine requested **is not medically necessary and appropriate.**

- 7) MAXIMUS Federal Services, Inc. has determined the Sumatriptan Succinate requested **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the orthopedic evaluation referral for the cervical spine requested **is medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the consultation referral for cervical steroid epidural injection requested **is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the electromyography and nerve conduction studies (EMG/NCS) requested **is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the toxicology-urine drug screen requested **was not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/8/2013 disputing the Utilization Review Denial dated 3/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/1/2013. 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 Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Ketoprofen/Lidocaine/Capsaicin/Tramadol requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the Medrox ointment requested **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the Omeprazole Delayed Release Capsules requested **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the Ondansetron, Orally Disintegrating Tablets (ODT) requested **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the Cyclobenzaprine requested **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the Sumatriptan Succinate requested **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the orthopedic evaluation referral for the cervical spine requested **is medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the consultation referral for cervical steroid epidural injection requested **is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the electromyography and nerve conduction studies (EMG/NCS) requested **is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the toxicology-urine drug screen requested **was 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 Occupational/Preventive 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 27, 2013.

“This patient injured his neck and head when he passed out at work. He had a CT scan on the day of the incident and this was normal. The patient has also recently been diagnosed with hypertension. He takes medications for his high blood pressure and for thyroid disease; none of these medications are identified. The patient’s blood pressure at the time of his visit with Dr. [REDACTED] was 118/77. He stated that he was dizzy when he bent forward but there is no documented recorded blood pressure after lying down to evaluate for orthostatic hypotension. The patient was seen again on January 30, 2013 and complained that he was still dizzy. There was no blood pressure documented on that date. This patient had a recent addition of blood pressure medication. He had a relatively low blood pressure at his initial visit. There is no documentation that this patient has seen the physician who prescribed his blood pressure medication nor is there any documentation that anyone has monitored him for orthostatic hypotension. The patient was seen by Dr. [REDACTED] D.O. on March 12, 2013. At that visit, he complained of memory loss, pain in the neck to the shoulders, occasional dizziness and lightheadedness. He noted that the physical therapy to his neck had improved his pain from 8/10 to 5/10. He also complains of headaches. He had cervical tenderness and a positive axial compression test. Dr. [REDACTED] opined that he had “general weakness” but this was not specific and that he had possible double crush syndrome.”

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 (dated 4/4/13)
- Utilization Review Determination for the compound medication Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine by [REDACTED] (dated 3/27/13)
- Utilization Review Determination for the compound medication Ketoprofen/Lidocaine/Capsaicin/Tramadol by [REDACTED] (dated 3/27/13)
- Utilization Review Determination for Medrox ointment by [REDACTED] (dated 3/27/13)
- Utilization Review Determination for Omeprazole Delayed Release Capsules by [REDACTED] (dated 3/27/13)

- Utilization Review Determination for Ondansetron, Orally Disintegrating Tablets (ODT) by [REDACTED] (dated 3/27/13)
- Utilization Review Determination for Cyclobenzaprine by [REDACTED] (dated 3/27/13)
- Utilization Review Determination for Sumatriptan Succinate by [REDACTED] (dated 3/27/13)
- Utilization Review Determination for the orthopedic evaluation referral for the cervical spine by [REDACTED] (dated 3/27/13)
- Utilization Review Determination for the consultation referral for cervical steroid epidural injection by [REDACTED] (dated 3/27/13)
- Utilization Review Determination for the electromyography and nerve conduction studies (EMG/NCS) by [REDACTED] (dated 3/27/13)
- Utilization Review Determination for the urine drug screen by [REDACTED] (dated 3/27/13)
- Employee medical records from [REDACTED] (dated 1/16/13 – 3/29/13)
- Employee medical records from [REDACTED], D.O. (dated 3/12/13 – 4/16/13)
- Employee medical records from [REDACTED] (dated 2/11/13)
- Employee medical records from [REDACTED] (dated 1/8/13)
- Employee medical records from [REDACTED] (dated 3/12/13 – 4/16/13)
- Utilization Review approvals submitted by [REDACTED] (dated 1/17/13 – 3/27/13)
- Chronic Pain Medical Treatment Guidelines (2009) pg. 111
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 7
- Chronic Pain Medical Treatment Guidelines (2009) pg. 94-95

**1) Regarding the request for
Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine:**

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. 111 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. In addition, the Professional Reviewer referenced ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, pg. 47 as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records provided and reviewed indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized

weakness and numbness of the upper extremities. The employee is more than five (5) months post injury meeting the criteria for chronic pain. One of the ingredients in the compound medication, cyclobenzaprine, is specifically not recommended by the Chronic Pain Medical Treatment Guidelines, which would give the entire compound medication an unfavorable rating. Per ACOEM, oral analgesics represent the most appropriate first-line treatment. There is no indication in the medical records of intolerance to, and/or failure of, oral analgesics. The compound medication Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine **is not medically necessary and appropriate.**

2) Regarding the request for Ketoprofen/Lidocaine/Capsaicin/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. 111 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. In addition, the Professional Reviewer referenced ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, pg. 47 as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records reviewed indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. The employee is more than five (5) months post injury meeting the criteria for chronic pain. One of the ingredients in the compound medication, Ketoprofen, is specifically not recommended by the Chronic Pain Medical Treatment Guidelines, which would give the entire compound medication an unfavorable rating. Per ACOEM, oral analgesics represent the most appropriate first-line treatment. There is no indication in the medical records of intolerance to, and/or failure of, oral analgesics. The compound medication Ketoprofen/Lidocaine/Capsaicin/Tramadol **is not medically necessary and appropriate.**

3) Regarding the request for Medrox ointment:

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. 111 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. In addition, the Professional Reviewer referenced ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, pg. 47 as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records reviewed indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. The employee is more than five (5) months post injury meeting the criteria for chronic pain. The Chronic Pain Treatment Guidelines recommend topical analgesics only when oral analgesics have failed. Per ACOEM, oral analgesics represent the most appropriate first-line treatment. One of the ingredients in the requested ointment, Capsaicin, is considered a last-line treatment. There is no indication in the medical records of intolerance to, and/or failure of, oral analgesics. The compound medication Medrox ointment **is not medically necessary and appropriate.**

4) Regarding the request for Omeprazole Delayed Release Capsules:

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 Medical Treatment Utilization Schedule (MTUS) not addressing this situation. The Professional Reviewer referenced the Chronic Pain Medical Treatment Guidelines (2009) pg. 68 of 127 as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records reviewed indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. The employee is more than five (5) months post injury meeting the criteria for chronic pain. The Chronic Pain Medical Treatment Guidelines recommend adding a Proton Pump Inhibitor such as Omeprazole for those taking non-steroidal anti-inflammatory drugs (NSAIDs) if they are at risk for gastrointestinal events or cardiovascular disease. There is no documented evidence in the medical records provided establishing the presence of reflux, dyspepsia, or risk for cardiovascular disease. Based on the medical records provided and reviewed, the employee's condition would not meet the criteria for Omeprazole. The requested Omeprazole **is not medically necessary and appropriate.**

5) Regarding the request for Ondansetron, Orally Disintegrating Tablets (ODT):

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

The Claims Administrator stated the Medical Treatment Utilization Schedule (MTUS) is not applicable. The Claims Administrator did not cite a guideline. The provider did not indicate any guidelines used. The Professional Reviewer could not find a section of the MTUS that applies to the requested treatment and to the clinical circumstance of the employee. The Professional Reviewer could not find other evidence based medical treatment guidelines that are recognized generally by the national medical community and scientifically based, that apply to the requested treatment. Based on the Strength of Evidence hierarchy provided by the California Division of Workers' Compensation, the Professional Reviewer based his/her decision on the National Library of Medicine's information about the medication as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records provided and reviewed indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. The National Library of Medicine defines Ondansetron as treatment for nausea and/or vomiting. Based on the medical records reviewed, the employee's condition would not meet the criteria for Ondansetron. The requested Ondansetron **is not medically necessary and appropriate.**

6) Regarding the request for Cyclobenzaprine:

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 Medical Treatment Utilization Schedule (MTUS) not addressing this situation. The Professional Reviewer referenced the Chronic Pain Medical Treatment Guidelines (2009) pg. 41 of 127 as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records provided and reviewed indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. The employee is more than five (5) months post injury meeting the criteria for chronic pain. The Chronic Pain Treatment Guidelines recommend cyclobenzaprine only when other preferred options have failed. There is no evidence in the medical records provided documenting intolerance to/failure of prescribed oral analgesics. Based on the

medical records reviewed, the employee's condition would not meet the criteria for Cyclobenzaprine. The requested Cyclobenzaprine **is not medically necessary and appropriate.**

7) Regarding the request for Sumatriptan Succinate:

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 Medical Treatment Utilization Schedule (MTUS) not addressing this situation. The Professional Reviewer could not find a section of the MTUS that applies to the requested treatment. The Professional Reviewer could not find other evidence based medical treatment guidelines that are recognized generally by the national medical community and scientifically based, that apply to the requested treatment. Based on the Strength of Evidence hierarchy provided by the California Division of Workers' Compensation, the Professional Reviewer based his/her decision on the National Library of Medicine as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records provided and reviewed indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. The National Library of Medicine defines Sumatriptan Succinate as treatment of migraine headaches. The medical records reviewed are not clear as to the cause of the employee's headaches. The employee's condition would meet the criteria for a trial of Sumatriptan Succinate. The requested Sumatriptan Succinate **is medically necessary and appropriate.**

8) Regarding the request for orthopedic evaluation for the cervical spine:

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) Guidelines, 2nd Edition (2004), Chapter 7 of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance, and used ACOEM, Third Edition, 2010, Chronic Pain, Summary of Recommendations, Evaluation as more appropriate and relevant to the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records provided and reviewed

indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. The employee is more than five (5) months post injury meeting the criteria for chronic pain. ACOEM Chronic Pain Guidelines (2010) suggest obtaining the expertise of physicians in other specialties may be indicated in chronic pain/delayed recovery cases. The medical records reviewed document no clear reason for the employee's continued symptoms, thus satisfying the criteria for an orthopedic evaluation related to the cervical spine. The requested orthopedic evaluation of the cervical spine **is medically necessary and appropriate.**

9) Regarding the request for cervical steroid epidural injection:

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 Medical Treatment Utilization Schedule (MTUS) not addressing this situation. The Professional Reviewer referenced the Chronic Pain Medical Treatment Guidelines (2009) pg. 46 of 127 as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records provided and reviewed indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. The employee is more than five (5) months post injury meeting the criteria for chronic pain. Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections in documented cases of radiculopathy. The medical records provided and reviewed do not indicate clinical or radiographic evidence of radiculopathy. Based on the medical records reviewed, criteria for cervical epidural steroid injection are not met. The requested cervical epidural steroid injection **is not medically necessary and appropriate.**

10) Regarding the request for electromyography and nerve conduction studies (EMG/NCS):

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 Medical Treatment Utilization Schedule (MTUS) not addressing this situation. The Professional Reviewer referenced the ACOEM Practice Guidelines 2nd Ed. (2004), Neck and Upper Back Complaints Chapter, pg. 178 and table 8-8, as referenced in the California MTUS as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records provided and reviewed

indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. ACOEM Guidelines endorse electrodiagnostic testing in the case of clinical radiculopathy not detected on MRI imaging. The medical records provided and reviewed do not indicate clinical or radiographic evidence of radiculopathy. Based on the medical records reviewed, criteria for EMG/NCS are not met. The requested electromyography and nerve conduction studies (EMGNCS) **is not medically necessary and appropriate.**

11)Regarding the request for toxicology-urine drug screen:

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. 94-95, 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, a water district assistant, sustained a work-related injury of the head and neck on January 8, 2013. Medical records provided and reviewed indicate negative CT scan of the head and negative X-rays of the cervical spine. The employee medical record from March 12, 2013 indicates persistent neck pain, stiffness, headaches, occasional abdominal pain, and generalized weakness and numbness of the upper extremities. While the MTUS Chronic Pain Guidelines do endorse urine drug testing to ensure lack of illicit substance use, the urine drug test performed was an elaborate screen comprising of approximately 50-75 drugs. The medical records reviewed showed no compelling rationale for such testing. The requested toxicology-urine drug screen performed on 3/12/13 **was 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.