

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription for Medrox Patch #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription for Flur/Cyclo 15/10% 180gm **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription for Tramadol 50mg, #60 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/8/2013 disputing the Utilization Review Denial dated 5/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/18/2013. 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 requested 1 prescription for Medrox Patch #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription for Flur/Cyclo 15/10% 180gm **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription for Tramadol 50mg, #60 **is 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 & 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 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 Orthopedic Evaluation Report from Dr. [REDACTED] MD dated February 27, 2013.

"The patient stated that while she was working on January 15, 2013, she was walking toward a parking lot to retrieve her work vehicle and as she walked down some metal steps, one of the steps bent, causing her to fall forward. She twisted her back and right ankle and attempted to break her fall by extending her left hand in front of her. She landed on her knee and experienced immediate pain in her back, left wrist/hand, knee and right ankle. She reported her injury to her supervisor, [REDACTED] and was referred to the company clinic; where she was examined, x-ray were taken and she was prescribed medications and physical therapy. She was released to work with restrictions but was unable to follow them due to her work activities. She has developed problems sleeping and abdominal pain from her medications. She stated she was recently seen for GI consult and underwent colonoscopy, She continued attending follow-up at the company clinic until February 25, 2013. The patient is currently working and since symptoms persist; she requested further evaluation and treatment in this office. . . . The patient stated that she did report her injury to the employer on January 15, 2013. She reported to her supervisor, [REDACTED]. The patient stated that she was referred to a Medical facility within one working day."

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 5/08/2013
- Utilization Review Determination provided by the [REDACTED] dated 5/01/2013
- Submitted Medical Records from 1/15/2013 through 3/06/2013
- Official Disability Guidelines, Pain Section, Topical Analgesics
- Official Disability Guidelines, Pain Section, Tramadol

1) Regarding the request for 1 prescription for Medrox Patch #60:

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator did not offer guidelines with which to base its decision. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the lack of guidelines from the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as lumbar spine sprain/strain and right knee sprain/strain. The Expert Reviewer used the Chronic Pain Medical Treatment Guidelines, 2009, Topical Analgesics, page 71 of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee fell injuring the right knee, right ankle, left wrist, and low back in an accident on 1/15/2013. She was referred to the company clinic where she was examined, x-rays were taken, and she was prescribed medication and physical therapy. The employee continued to be symptomatic and the request was made for 1 prescription for Medrox Patch # 60.

The Chronic Pain Medical Treatment Guidelines, 2009, Topical Analgesics, state that compounded medications are not recommended for topical applications. The requested 1 prescription of Medrox Patch #60 is not medically necessary and appropriate.

2) Regarding the request for 1 prescription for Flur/Cyclo 15/10% 180gm:

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator did not offer guidelines with which to base its decision. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the lack of guidelines from the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as lumbar spine sprain/strain and right knee sprain/strain. The Expert Reviewer used the Chronic Pain Medical Treatment Guidelines, 2009, Topical Analgesics, page 71 of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee fell injuring the right knee, right ankle, left wrist, and low back in an accident on 1/15/2013. She was referred to the company clinic where she was

examined, x-rays were taken, and she was prescribed medication and physical therapy. The employee continued to be symptomatic and the request was made for 1 prescription for Flur/Cyclo 15/10% 180gm.

The Chronic Pain Medical Treatment Guidelines, 2009, Topical Analgesics, state that compounded medications are not recommended for topical applications. The requested 1 prescription of Flur/Cyclo 15/10% 180gm is not medically necessary and appropriate.

3) Regarding the request for Tramadol 50mg #60

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator did not offer guidelines with which to base its decision. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the lack of guidelines from the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as lumbar spine sprain/strain and right knee sprain/strain. The Expert Reviewer used the Chronic Pain Medical Treatment Guidelines, 2009, Tramadol (Ultram) page 73, of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee fell injuring the right knee, right ankle, left wrist, and low back in an accident on 1/15/2013. She was referred to the company clinic where she was examined, x-rays were taken, and she was prescribed medication and physical therapy. The employee continued to be symptomatic and the request was made for 1 prescription for Tramadol 50mg #60.

The chronic pain MTUS states that Tramadol is a centrally acting synthetic opioid. The submitted and reviewed records indicate that the employee's condition is chronic. She has returned to work and is functionally improved, which are criteria for continuing opioids. The requested 1 prescription for Tramadol 50mg #60 is 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.