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**Notice of Independent Medical Review Determination**

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/5/2013
Date of Injury:	2/2/2013
IMR Application Received:	6/7/2013
MAXIMUS Case Number:	CM13-0000603

- 1) MAXIMUS Federal Services, Inc. has determined the request for metaxalone 800mg for date of service 5/3/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for omeprazole DR 10mg capsule for date of service 5/3/13 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for topical Lidoderm 5% patches for date of service 5/3/13 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for ibuprofen 600mg tablets for date of service 5/3/13 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/7/2013 disputing the Utilization Review Denial dated 6/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 request for metaxalone 800mg for date of service 5/3/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for omeprazole DR 10mg capsule for date of service 5/3/13 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for topical Lidoderm 5% patches for date of service 5/3/13 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for ibuprofen 600mg tablets for date of service 5/3/13 **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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 5, 2013:

“Records reviewed: Reports from Dr. [REDACTED] dated March 4, April 15 and April 29, 2013; X-ray reports dated February 20, 2013 of the SI joints, right hip and pelvis and LS Spine; April 23, 2013 Lumbar Spine MRI Report; Reports from Dr. [REDACTED] dated February 6 and 14, 2013; May 6, 2013 consult note from [REDACTED] DC.

“This patient is a 45 year-old female with a February 2, 2013 injury to the lower back and right knee. She was seen that day in the Emergency Department for complaints of pain in the right knee, right elbow and right hip. Diagnoses provided were right upper and lower extremity contusions and mechanical fall. X-rays of the right knee were taken and no abnormality was seen. She was seen in followup with Dr. [REDACTED] on February 6, 2013, and she reported pain at 8-9/10, mainly in the right hip and low back, and the elbow pain resolved, Right knee pain was 6-7/10. At this visit, Dr. [REDACTED] provided her

with a toradol injection, Naproxen, flexeril, xrays of the hip, low back and SI joint, tylenol #3, heat, diclofenac gel and a hinged knee brace. On February 14, 2013, Dr. [REDACTED] saw her again, and she reported a decrease in pain of the right hip buttock area, but she still has pain in the right knee. X-ray of the right hip, lumbar spine, sacroiliac joint and right knee were all normal. He prescribed her to start physical therapy 2x3 at this time, and she continued on modified work. She started physical therapy at [REDACTED] on February 20, 2013.

“The next documentation presented is from Dr. [REDACTED] M.D., Orthopedist dated March 4, 2013. He provides a lengthy report and got MRI's of the lumbar spine and right knee. On April 29, 2013, he saw her in followup and notes that she would benefit from a course of physical therapy for her back and right knee. He prescribed Motrin and Prilosec and has continued her on temporary total disability. These are request for multiple medications for the date of service of May 3, 2013. On May 22, 2013, the triage coordinator sent this request: "We received a bill only with these referrals, please submit a medical report that supports these requests." To date the requested information has not been received and therefore the requests are denied due to lack of information.”

#### **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 (received 6/7/13)
- Utilization Review Determination (dated 6/5/13)
- Medical Records from the claims administrator
- Medical Treatment Utilization Schedule

#### **1) Regarding the request for metaxalone 800mg for date of service 5/3/13 :**

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

The Claims Administrator did not provide any evidence basis for its decision. The provider did not dispute the lack guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, page 61, Mextaxalone section, part of the Medical Treatment Utilization Schedule (MTUS), applicable and relevant to the issue at dispute.

##### Rationale for the Decision:

On 2/2/13 the employee sustained an industrial related injury to the low back and right knee. A review of the submitted medical records indicates diagnoses include: right knee medial meniscus tear, L3-4, L4-5 discogenic back pain with radiculopathy, and stress. The records indicate treatments have included: medications, topical gel, physical therapy, X-ray, MRI and a knee brace. A submitted medical report dated 4/29/13 documents the employee continues to experience pain in the right knee and low back. A request was submitted for metaxalone, omeprazole DR, topical Lidoderm and ibuprofen.

MTUS Chronic Pain Guidelines indicate Metaxalone is “recommended with caution as a second line option for short-term pain relief in patients with low back pain”. The most recent medical record dated 4/29/13, does not give a clear rationale or reported efficacy to support the employee’s use of this medication. The medical records do not document how long the employee has been utilizing this medication or indicate a decrease in rate of pain on a VAS scale. The request for metaxalone 800mg for date of service 5/3/13 **is not medically necessary and appropriate.**

**2) Regarding the request for omeprazole DR 10mg capsule for date of service 5/3/13:**

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

The Claims Administrator did not provide any evidence basis for its decision. The provider did not dispute the lack guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, pages 68-69, NSAIDs, GI symptoms & cardiovascular risk section, part of the Medical Treatment Utilization Schedule (MTUS), applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 2/2/13 the employee sustained an industrial related injury to the low back and right knee. A review of the submitted medical records indicates diagnoses include: right knee medial meniscus tear, L3-4, L4-5 discogenic back pain with radiculopathy, and stress. The records indicate treatments have included: medications, topical gel, physical therapy, X-ray, MRI and a knee brace. A submitted medical report dated 4/29/13 documents the employee continues to experience pain in the right knee and low back. A request was submitted for metaxalone, omeprazole DR, topical Lidoderm and ibuprofen.

MTUS Chronic Pain Guidelines recommend a Proton Pump Inhibitor (PPI) (omeprazole) for patients taking NSAIDs who are an intermediate or high risk for gastrointestinal events and have no evidence of cardiovascular disease. The submitted and reviewed medical records do not document whether or not the employee is at risk for gastrointestinal events or has cardiovascular disease to meet guideline criteria for the use of a PPI in conjunction with an NSAID (ibuprofen). The request for omeprazole DR 10mg capsule for date of service 5/3/13 **is not medically necessary and appropriate.**

**3) Regarding the request for topical Lidoderm 5% patches for date of service 5/3/13:**

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

The Claims Administrator did not provide any evidence basis for its decision. The provider did not dispute the lack guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines,

page 56-57, Lidoderm section, part of the Medical Treatment Utilization Schedule (MTUS), to be applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 2/2/13 the employee sustained an industrial related injury to the low back and right knee. A review of the submitted medical records indicates diagnoses include: right knee medial meniscus tear, L3-4, L4-5 discogenic back pain with radiculopathy, and stress. The records indicate treatments have included: medications, topical gel, physical therapy, X-ray, MRI and a knee brace. A submitted medical report dated 4/29/13 documents the employee continues to experience pain in the right knee and low back. A request was submitted for metaxalone, omeprazole DR, topical Lidoderm and ibuprofen.

MTUS Chronic Pain Guidelines suggest topical lidocaine (Lidoderm®) may be utilized for localized peripheral pain after a trail of first line therapy and is only approved for post-herpetic neuralgia. The medical records submitted and reviewed do not provide evidence that the employee has tried and failed other medications for neuropathic pain prior to the utilization of the Lidoderm patch. The request for topical Lidoderm 5% patches for date of service 5/3/13 **is not medically necessary and appropriate.**

**4) Regarding the request for ibuprofen 600mg tablets for date of service 5/3/13:**

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

The Claims Administrator did not provide any evidence basis for its decision. The provider did not dispute the lack guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Ibuprofen, page 72, part of the Medical Treatment Utilization Schedule (MTUS), to be applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 2/2/13 the employee sustained an industrial related injury to the low back and right knee. A review of the submitted medical records indicates diagnoses include: right knee medial meniscus tear, L3-4, L4-5 discogenic back pain with radiculopathy, and stress. The records indicate treatments have included: medications, topical gel, physical therapy, X-ray, MRI and a knee brace. A submitted medical report dated 4/29/13 documents the employee continues to experience pain in the right knee and low back. A request was submitted for metaxalone, omeprazole DR, topical Lidoderm and ibuprofen.

Chronic Pain Guidelines indicate sufficient clinical improvement should be observed to offset potential risk of treatment with an increase dosage of ibuprofen. Dosage greater than 400 mg for mild/moderate has not been proven to provide greater pain relief. The submitted and reviewed medical records document that a prescription of Motrin was prescribed; however, the medical records do not document the employee's efficacy with this medication nor is there any evidence of a decrease in the rate of pain or increase in objective

functionality. The request for ibuprofen 600mg tablets for the date of service 5/3/13 **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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/db

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.