

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/2/2013
Date of Injury:	9/15/2012
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010082

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 10/325mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen 25% / Lidocain 5% is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 15% / Dextro 10% / Cap 0.025% is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 **Hydrocodone 10/325mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen 25% / Lidocain 5% is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 15% / Dextro 10% / Cap 0.025% 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.

### Expert Reviewer Case Summary:

The patient is a 46-year-old female who reported an injury on 09/18/2012. The Doctor's First Report of Occupational Injury or Illness dated 09/18/2012 stated the patient was hurt while trying to stack packets very high when a packet fell and hit her head causing her to fall and hit her head on a concrete floor. The patient was diagnosed with a superficial head injury. Primary Treating Physician's Progress Report dated 09/18/2013 stated the patient complained of severe head pain that was described as constant and throbbing. It was noted the patient was taking Tylenol 3 to 4 times a day to provide relief. The clinical note dated 09/28/2012 indicated the patient developed low back pain as a result of the fall. Additionally, the patient continued to complain of head pain. Due to continuing headache pain complaints, the patient was referred to the emergency department on 10/04/2012. CT scan dated 10/04/2012 revealed that there was a normal brain and skull. Primary Treating Physician's Progress Report dated 10/12/2012 indicated the patient had tenderness to palpation of the lumbosacral spine and the left parietal region. It is noted the patient is overall improving and working full duty without difficulty. The patient was discharged from physical therapy after 2 visits on 10/23/2012 due to a lack of compliance. The patient was re-evaluated for physical therapy on 11/08/2012. The patient received a total of 6 physical therapy visits. Initial neurological evaluation dated 12/11/2012 stated the patient continued to have left-sided headaches that is exacerbated by carrying motion and rated at 8/10 to 10/10. Neurological findings were within normal limits and it was determined the patient was experiencing

concussion cephalalgia which is common symptom after a head concussion. The patient was started on topiramate 25 mg and Fioricet as needed for her headaches. Physical therapy note dated 01/14/2013 stated the patient was being discontinued from physical therapy due to non-compliance. It was noted the patient completed 7 of 9 visits and was last seen on 11/23/2012. Clinical note dated 04/30/2013 stated the patient had not received care from that office in over 4 months and the patient was complaining of constant headaches all the time. The neurological examination was within normal limits. It was noted the patient had had been non-compliant with her medication. She was counselled on the necessity of compliance. The patient received an MRI on 07/17/2013 that revealed a disc bulge at the L4-5 and L5-S1 levels with moderate facet disease at L3-4, L4-5, and L5-S1 levels. There was degenerative disc disease at both levels and minimal effacement of the traversing L5 nerve roots. The clinical note dated 07/23/2013 stated the patient was no longer able to work due to pain. The patient was prescribed tramadol, Norco, and acupuncture. The clinical note dated 08/13/2013 stated the patient continued to have low back pain rated 8/10 radiating to the lower extremities and headaches rated at 8/10 without radiation into the upper extremities. The patient had a positive straight leg raise test.

#### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for Hydrocodone 10/325mg:**

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

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009), which is a part of MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Opioids, page 78, which is a part of MTUS.

##### Rationale for the Decision:

The MTUS Guidelines recommends opioid usage in the ongoing management of chronic pain when efficacy is supported by an assessment of pain relief, an assessment of side effects, increased functional capabilities, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide evidence that the employee is being monitored for compliance. Additionally, there is no documentation of symptom response to the medication or an assessment of side effects. **The request for Hydrocodone 10/325mg is not medically necessary and appropriate.**

**2) Regarding the request for Flurbiprofen 25% / Lidocain 5%:**

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

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009), which is a part of MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111 and 112, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines do not recommend topical analgesics due to lack of trials to support the efficacy of these medications. These medications are only supported when a first-line medication has failed to treat pain or are not tolerated. The clinical documentation submitted for review indicates the employee has been non-compliant with the usage of first-line medications. As such, the efficacy of those medications could not be established. **The request for flurbiprofen 25%/lidocaine 5% is not medically necessary or appropriate.**

**3) Regarding the request for Tramadol 15% / Dextro 10% / Cap 0.025%:**

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

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009), which is a part of MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111-113, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines do not recommend topical analgesics due to lack of evidence to support efficacy and safety. The clinical documentation submitted for review does provide evidence that the employee is currently taking tramadol orally. Therefore, additional medication received through a topical analgesic would not be indicated. The guidelines further indicate that topical agents that contain capsaicin are only supported when the individual has been intolerant to other treatments. The clinical documentation reviewed indicates the employee has not been consistent or compliant with previously prescribed treatment modalities. The request for **Tramadol 15%/dextro 10%/ capsaicin is not medically necessary or 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.