

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	9/12/2012
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010198

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 5mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Motrin 800mg #90 x 1 refill is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325mg #30 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Medrox 120g 4fl oz bottle #1 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 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 **Flexeril 5mg #60** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Motrin 800mg #90 x 1 refill** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325mg #30** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Medrox 120g 4fl oz bottle #1** 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 Pain Medicine, Anesthesia, has a subspecialty in Acupuncture 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 was a 38-year-old injured worker who relates pain in the back and shoulder. The date of the most recent medical record reviewed by the UR physician was 8/28/13.

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 Flexeril 5mg #60:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS, and Official Disability Guidelines, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Page 63, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. This employee's treatment with this medication is extending beyond short-term treatment. Specifically for cyclobenzaprine, the Chronic Pain Medical Treatment Guidelines, on page 41, states "Treatment should be brief." **The request for Flexeril 5mg #60 is not medically necessary and appropriate.**

2) Regarding the request for Motrin 800mg #90 x 1 refill:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Anti-inflammatories, page 22, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain guidelines state: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic lower back pain". Documentation of assessment of efficacy and functional benefit is not an MTUS requirement for NSAIDs. **The request for Motrin 800mg #90 x 1 refill is medically necessary and appropriate.**

3) Regarding the request for Norco 5/325mg #30:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines for Opiates, pages 78-80, which are part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guideline lists several documentation requirements for continued opiate use for chronic, non-nociceptive pain, including assessment of efficacy, functional benefit, as well as risk assessment. These have not been documented sufficiently to meet the definition of medical necessity. **The request for Norco 5/325mg #30 is not medically necessary or appropriate.**

4) Regarding the request for Medrox 120g 4fl oz bottle #1:

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 the Chronic Pain Medical Treatment Guidelines, Topical Analgesics and NSAIDs, which are part of the MTUS..

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 28 and 111-113, which are part of the MTUS.

Rationale for the Decision:

Topical methyl salicylate is not recommended as it's a topical NSAID and the employee is already being prescribed an oral NSAID (naproxen). MTUS page 28 recommends capsaicin for non-specific low back pain. The CA MTUS, ODG (Official Disability Guidelines), and National Guidelines Clearinghouse provide no evidence-based recommendations regarding the topical application of menthol. Medrox contains menthol. Since menthol is not medically indicated, the compound product is not indicated per page 111, which states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". **The request for Medrox 120g 4fl oz bottle #1 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, 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.