MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/4/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/13/2013
Date of Injury:	10/20/2010
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011329

1) MAXIMUS Federal Services, Inc. has determined the request for **laboratory test blood test to monitor medication regime in regards to liver and kidney function is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **specialist referral ongoing care with for orthopedic complaints is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **medication Cyclobenzaprine 7.5 mg tablet, a quantity of sixty, is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **medication Omeprazole 20mg capsules, a quantity of thirty, is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **medication CM3 Ketoprofen 20% is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 laboratory test blood test to monitor medication regime in regards to liver and kidney function **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request **for** specialist referral ongoing care with [redacted] for orthopedic complaints **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for medication cyclobenzaprine 7.5 mg tablet, a quantity of sixty, **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for medication omeprazole 20mg capsules, a quantity of thirty, **is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for medication CM3 Ketoprofen 20% **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 Occupational 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 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 applicant is a [redacted] employee who has filed a claim for chronic low back and right upper extremity pain and bilateral foot pain, reportedly associated with cumulative trauma at work, first claimed on October 28, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing in March 2011, notable for diffuse polyneuropathy superimposed on chronic right L5-S1 radiculopathy; topical compounds; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent restrictions.

In a utilization report of August 13, 2013, the claims administrator denied a request for laboratory testing, omeprazole, Prilosec, and topical compounded ketoprofen, as well as a followup visit with his lower extremity surgeon.

Subsequent progress report of August 14, 2013, is notable for the comments that the applicant reports 5-7/10 pain. The applicant is on Norco, Flexeril, and topical compounded ketoprofen. The applicant denies any side effects. The applicant exhibits diminished 4 to 4+/5 upper and lower extremity strength with decreased range of motion noted throughout. The applicant exhibits an antalgic gait. Recent laboratory testing is notable for near normal hemoglobin of 13.1. The applicant is given prescriptions for Norco, Flexeril, Prilosec, and a topical compound.

An earlier note of July 3, 2013, is notable for comments that the applicant needs to obtain renal and hepatic function testing in conjunction with medication usage.

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 laboratory test blood test to monitor medication regime in regards to liver and kidney function:**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   The Claims Administrator did not cite any evidence based criteria for its decision.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Routine Suggested Monitoring, page 70, which is part of the MTUS.

   Rationale for the Decision:
   As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, CBC and chemistry profile including renal and hepatic function testing are endorsed in those employees using NSAIDs chronically. In this case, the employee does appear to be using analgesic medications chronically, including Norco, an opioid. While the MTUS does not specifically address the topic of drug testing for those individuals using opioids chronically, by analogy, the renal and hepatic function testing sought is medically necessary. Therefore, the original utilization review decision is overturned. **The request for laboratory test blood test to monitor medication regime in regards to liver and kidney function is medically necessary and appropriate.**

2) **Regarding the request for specialist referral ongoing care with [redacted] for orthopedic complaints:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 1, which is part of the MTUS.

Rationale for the Decision:
As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints alone should leave the primary treating provider to reconsider the diagnosis and consider a specialist evaluation if indicated. In this case, the employee's failure to return to work and persistent pain complaints do warrant the added expertise of an orthopedic or lower extremity surgeon. Therefore, the original utilization review decision is overturned. **The request for specialist referral ongoing care with [redacted] for orthopedic complaints is medically necessary and appropriate.**

3) **Regarding the request for medication Cyclobenzaprine 7.5 mg tablet, a quantity of sixty,:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril®), page 41, which is part of the MTUS.

Rationale for the Decision:
As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril or other agents is not recommended. In this case, the reviewed medical records indicate the employee is using numerous other analgesic and adjuvant medications. No compelling rationale for the addition of cyclobenzaprine has been proffered by the attending provider so as to offset the unfavorable MTUS recommendations. **The request for medication cyclobenzaprine 7.5 mg tablet, a quantity of sixty is not medically necessary and appropriate.**

4) **Regarding the request for medication Omeprazole 20mg capsules, a quantity of thirty,:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Treatment of dyspepsia secondary to NSAID therapy, oage 69, which is part of the MTUS.

Rationale for the Decision:
While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitor such as Omeprazole to counter NSAID-induced dyspepsia. However, in this case, the reviewed medical records do not overtly mention of dyspepsia, either NSAID induced or standalone. Therefore, the original utilization review decision is upheld. **The request for medication omeprazole 20mg capsules, a quantity of thirty is not medically necessary and appropriate.**

5) **Regarding the request for medication CM3 Ketoprofen 20%:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), Oral Pharmaceuticals, page 47 and the Chronic Pain Medical Treatment Guidelines, Ketoprofen, page 112, which are part of the MTUS.

Rationale for the Decision:
As noted on page 47 of the MTUS-adopted ACOEM Guidelines, oral pharmaceuticals are, per ACOEM, the most preferred first-line palliative measure. In this case, there is no evidence of oral analgesic intolerance and/or failure so as to make a case for usage of topical agents or topical compounds, which per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines are "largely experimental." It is further noted that ketoprofen is not recommended for topical compounded use, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, owing to a high incident of adverse effects. Therefore, the original utilization review decision is upheld. **The request for medication CM3 Ketoprofen 20% 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/cmol

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.