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

**Independent Medical Review Final Determination Letter**

[redacted]

Dated: 12/18/2013

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|---|---|
| Employee: | [redacted] |
| Claim Number: | [redacted] |
| Date of UR Decision: | 8/5/2013 |
| Date of Injury: | 9/28/2007 |
| IMR Application Received: | 8/15/2013 |
| MAXIMUS Case Number: | CM13-0011510 |

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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 physician 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 disputed items/services.

## DOCUMENTS REVIEWED

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 employee representative
- Medical Treatment Utilization Schedule (MTUS)

## CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old male who reported a work-related injury on 09/28/2007, specific mechanism of injury not stated. The patient subsequently is treated for the following diagnosis: post-op L5-S1 posterior lumbar decompression with instrumented fusion as of 11/14/2012. The clinical note dated 06/05/2013 reports the patient was seen for a follow up for his pain complaints. The provider documents the patient continues to present with complaints of low back pain, radicular symptoms radiating down the right lower extremity, status post lumbar fusion. The provider documents the patient reports pain is aggravated with walking, standing, lifting, bending, or squatting. The patient reports his pain at a 2/10 to 3/10 increasing to 6/10 when aggravated. Upon physical exam of the patient, the provider documented the patient had minimal tenderness of the low back musculature without erythema, warmth, or drainage. Range of motion of the lumbar spine was noted at 60 degrees flexion, 20 degrees extension. The patient had presented with negative straight leg raise bilaterally, negative sciatic stretch testing and mildly tender about the facets upon palpation. The provider documented the patient received a home exercise kit the previous week and was advised to continue utilizing this intervention. The provider documented the patient was administered Exoten-C, Reston, Cartivisc, Omnicap, cyclobenzaprine, omeprazole, a urine drug screen, and DNA sequencing.

## IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1.** Exoten-C-pain relief lotion **is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics, pg. 111, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines does not support any compound topical medication without clear detail of the content of the product requested and science to support its use. Therefore, the request for Exoten-C is not certified. **The request for Exoten-C-pain relief lotion is not medically necessary and appropriate.**

**2.** Reston (dietary supplement proprietary blend of melatonin and L-tryptophan) **is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter: Medical Food, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines specifically indicate that "the definition of medical food is a food, which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation." The clinical documentation failed to evidence the employee had sleep pattern complaints to support the requested medication. Due to a lack of evidence-based data supporting the combination of the requested medications, the request for is not certified. **The request for Reston (dietary supplement proprietary blend of melatonin and L-tryptophan) is not medically necessary and appropriate**.

**3.** Cartivisc (dietary supplement proprietary blend of glucosamine ane/chondroitin/MSM) **is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter: Medical Food, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines specifically indicate that "the definition of medical food is a food, which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are

established by medical evaluation." The clinical documentation failed to evidence the employee had sleep pattern complaints to support the requested medication. Due to a lack of evidence-based data supporting the combination of the requested medications, the request for is not certified. **The request for Cartivisc (dietary supplement proprietary blend of glucosamine ane/chondroitin/MSM) is not medically necessary or appropriate.**

**4.** Omnicap (dietary supplement proprietary blend vitamins/minerals) **is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter: Medical Food, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines specifically indicate that "the definition of medical food is a food, which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation." The clinical documentation failed to evidence the employee had sleep pattern complaints to support the requested medication. Due to a lack of evidence-based data supporting the combination of the requested medications, the request for is not certified. **The request for Omnicap (dietary supplement proprietary blend of vitamins/minerals) is not medically necessary or appropriate.**

**5.** Omeprazole **is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section NSAIDs, GI symtptoms, and cardiovascular risk, pg. 68-69, which is part of MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination, as there was a lack of documentation of the patient presenting with any gastrointestinal complaints.
The MTUS Chronic Pain guidelines indicate support for utilization of the requested medication for individuals at intermediate risk for gastrointestinal events. As the clinical documentation submitted for review fails to evidence the employee presents with gastrointestinal complaints, high risk of GI bleed, or utilization of anti-inflammatories which are causing adverse effects gastroenterally. Due to a lack of documentation of the patient presenting with any gastrointestinal complaints, the request for omeprazole is not certified. **The request for Omeprazole is not medically necessary or appropriate.**

**6.** DNA sequencing **is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, which is not part of MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines indicate, "DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain." Given that genetic testing is considered experimental and investigational, and not standard of care for management of medications for addiction or chronic pain, the request is non certified. **The request for DNA sequencing is not medically necessary or appropriate.**

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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.

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CM13-001510