

Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 8/31/2007
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0012022

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ultram ER 150MG #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Anaprox DS 550 MG #30 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20MG #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325 #90 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine 7.5MG #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/30/2013. 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 **Ultram ER 150MG #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Anaprox DS 550 MG #30 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20MG #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325 #90 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine 7.5MG #60 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 Internal 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:

This is a 49-year-old who sustained a work injury to the lower back, neck, right shoulder and right knee on 8/31/2007 after pulling on a stuck cloth while working as a housekeeper at [REDACTED]. The patient was diagnosed with a right shoulder rotator cuff tear, multi-level degenerative disc disease, and right knee lateral compartment degenerative disc disease. The patient's new complaint is of left shoulder pain. The diagnosis relevant to this case is left shoulder full thickness rotator cuff tear without industrial aggravation. The relevant issue is whether Ultram ER 150mg #30, Anaprox DS 550mg #30, Prilosec 20mg #60, Norco 5/325mg #90 and Cyclobenzaprine 7.5mg #60 is medically necessary.

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 Ultram ER 150MG #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, pages 60-61, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol, page 113, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines state, "Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." After careful review of the medical records and documentation provided, the employee's diagnosis is considered a non-industrial injury. Furthermore, Ultram is not used as a first line analgesic for management of pain. **The request for Ultram ER 150mg #30 is not medically necessary and appropriate.**

2) Regarding the request for Anaprox DS 550 MG #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, pages 60-61, which is part of the MTUS.

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

Rationale for the Decision:

The Official Disability Guidelines indicate that anaprox DS (Naproxen) is recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. After careful review of the medical records and documentation provided, the employee's left shoulder pain is due to a non-industrial cause. **The request for Anaprox DS 550 mg #30 is not medically necessary and appropriate.**

3) Regarding the request for Prilosec 20MG #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, pages 60-61, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Proton Pump Inhibitors, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines indicate that proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. The guidelines also indicate that the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by non-steroidal anti-inflammatory drugs (NSAIDs). After careful review of the medical records and documentation provided, the employee's left shoulder pain is due to a non-industrial cause, therefore not necessitating the need for a PPI for Gastrointestinal issues. **The request for Prilosec 20mg #60 is not medically necessary and appropriate.**

4) Regarding the request for Norco 5/325 #90:

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, pages 60-61, which is part of the MTUS.

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

Rationale for the Decision:

The Official Disability Guidelines indicate opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. The guidelines also indicate that screening for opioid risk and psychological distress inventories should occur before starting this class of drugs and a psychological evaluation is strongly recommended. While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective in achieving the original goals of complete pain relief and functional restoration. After careful review of the medical records and documentation provided to me patient's left shoulder pain is due to a non-industrial cause. **The request for Norco 5/325 #90 is not medically necessary and appropriate.**

5) Regarding the request for Cyclobenzaprine 7.5MG #60:

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, pages 60-61, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Muscle relaxants for pain, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines indicate that muscle relaxants are recommended for a short course of therapy. The guidelines also indicate that cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. After careful review of the medical records and documentation provided, the employee's left shoulder pain is due to a non-industrial cause. **The request for cyclobenzaprine 7.5mg #60 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

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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.