

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/6/2013
Date of Injury: 2/8/2007
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-00012336

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 Cardiology and is licensed to practice in Texas. 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 51-year-old female who reported a work related injury on 02/07/2007 as a result of cumulative trauma. The patient presents for treatment of the following diagnoses: left lumbosacral strain, left lumbosacral radiculopathy, and myofascial pain. The clinical note dated 07/16/2013 reports the patient was seen for an initial comprehensive physiatry consultation under the care of Dr. [REDACTED]. The provider documents the patient's course of treatment since the date of injury. The patient continues to complain of pain to the left iliolumbar ligament with some radiation of pain down the left lower extremity. The provider documents the patient utilizes fentanyl 75 mcg patches q. 3 days, Lyrica 450 mg by mouth q. day, oxycodone 35 mg 1 tab by mouth q. day, AcipHex 20 mg by mouth q. day, Celexa 10 mg by mouth q. day, zolpidem 5 mg by mouth at bedtime, and Advil on an as needed basis. The patient is status post a spinal fusion at the L3-4 as of 03/02/2011, total knee replacement on the left as of 03/2012, and total knee replacement of the right as of 02/14/2013. Upon physical exam of the patient, decreased range of motion was noted by 10% of normal of the lumbar spine. The provider documented decreased reflexes to the left ankle and normal reflexes at the bilateral knees. The provider recommended the following treatment options: epidural steroid injections, continued narcotic medications prescribed by a different provider, Motrin 75 mg, Flexeril 7.5 mg, Terocin and Dendracin, urine drug toxicology screen, and acupuncture 2 times a week x4 weeks.

IMR DECISION(S) AND RATIONALE(S)

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

1. Urine drug screen is not medically necessary and appropriate.

The Claims Administrator based its decision on the the Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43, which is part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously an adverse determination as it was unclear when the employee last underwent urine drug screening, as the employee utilizes narcotics prescribed by a different provider. The California MTUS indicates, "Drug screening is recommended as an option to assess for the use or the presence of illegal drugs." The clinical notes submitted and reviewed failed to document when the employee last underwent urine drug screening to indicate compliancy with the medication regimen to support current request. **The request for urine drug screen is not medically necessary and appropriate.**

2. Acupuncture 2 times a week for 4 weeks is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, page 8-9, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination as the clinical notes failed to evidence the employee was participating in an active rehabilitation program requiring adjunct treatment such as acupuncture, as recommended per California MTUS. In addition, as the employee presents with date of injury status post 6 years, it is unclear if the employee previously utilized acupuncture and the efficacy of treatment. **The request for acupuncture 2 times a week for 4 weeks is not medically necessary and appropriate.**

3. Terocin ointments PRN is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111-113, which is part of the MTUS..

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

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to a lack of guideline support for the utilization of topical medications. The California MTUS indicates, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." **The request for Terocin ointments PRN is not medically necessary and appropriate. .**

4. Dendracin ointment PRN is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111-113, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to a lack of guideline support for the utilization of topical medications. The California MTUS indicates, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." **The request for Dendracin ointment PRN is not medically necessary and appropriate.**

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.



CM13-0012336