

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/1/2103
Date of Injury: 9/18/2012
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0012399

- 1) MAXIMUS Federal Services, Inc. has determined the request for **30 Ultram ER 150 mg is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 month TENS unit trial is 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 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 **30 Ultram ER 150 mg is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 month TENS unit trial is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 44 year-old female that injured her lower back on 9/18/12 when she slipped and fell on the bathroom floor at work. On 7/12/13 her pain was still 8-9/10 and would radiate down both legs. She was still working part-time and was only taking Celexa at that time. She is diagnosed with lumbar facet pain and lumbar radiculopathy. The physician prescribed Ultram ER 150mg/day as it was less constipating and had lower risk of dependence compared to equal doses of strong opioids. He asked for a one-month trial of TENS to address the myofascial component of the pain and to use with acute exacerbations. She does not exercise, but is having concurrent chiropractic treatment which she finds helpful.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for 30 Ultram ER 150 mg:

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 California Chronic Pain Medical Treatment Guidelines, which part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines for Tramadol, pg.11-127, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines the need of immediate pain relief outweighs the risks of non-tolerability of the initial starting dose. MTUS requires the treating physician to use clinical judgment in tailoring the medications to the individual and requires treatment of pain for as long as it persists. It appears that UR denied the employee's pain medication, Ultram ER 150mg, because MTUS recommends an initial starting dose of 100mg. The UR did not modify the request to allow the 100mg dose, but denied the whole request. Medical records provided for review included a thorough explanation for the need of Ultram ER 150mg, which is within their scope of practice as a pain management specialist. MTUS notes the need to treat pain outweighs the risks of non-tolerability of the initial starting dose. **The request for Ultram ER 150mg is medically necessary and appropriate.**

2) Regarding the request for 1 month TENS unit trial:

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 California Chronic Pain Medical Treatment Guidelines, which part of the MTUS

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, TENS Chronic Pain, pg. 114-121, which is part of the MTUS.

Rationale for the Decision:

MTUS states TENS can be used for neuropathic pain. MTUS recommends a trial of TENS if used as an adjunct to modalities within a functional restoration approach. The medical records provided for review reflects that the physician noted that TENS may be helpful for myofascial pain, but this is not an indication for TENS according to MTUS. The overall clinical picture was reviewed. The employee was diagnosed with both nociceptive pain as in facet syndrome and neuropathic pain as in lumbar radiculopathy. There is an indication for TENS, although it is different from what the physician intended. The physician noted the employee does not exercise, but was receiving concurrent chiropractic rehabilitation. **The request for a trial of TENS is 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.