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

Notice of Independent Medical Review Determination

Dated: 11/19/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/2/2013
Date of Injury:	6/25/2002
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0012619

1) MAXIMUS Federal Services, Inc. has determined the request for **one presciption of Zolpidem 10mg #30 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **one presciption of Tramadol/APAP 37.5/325mg #100 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **one presciption of Hydrocodone/APAP 10/325mg #60 is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **one presciption of Xoten-C 0.002%/10%/20% 120ml is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **one presciption of Naproxen 550mg #100 is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for **one Toradol 2cc injection is medically necessary and appropriate.**

7) MAXIMUS Federal Services, Inc. has determined the request for **one vitamin B-12 complex injection is not medically necessary and appropriate.**

8) MAXIMUS Federal Services, Inc. has determined the request for **one functional restoration program is not 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 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 **one presciption of Zolpidem 10mg #30 is not medically necessary and appropriate.**

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5) MAXIMUS Federal Services, Inc. has determined the request for **one presciption of Naproxen 550mg #100 is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for **one Toradol 2cc injection is medically necessary and appropriate.**

7) MAXIMUS Federal Services, Inc. has determined the request for **one vitamin B-12 complex injection is not medically necessary and appropriate.**

8) MAXIMUS Federal Services, Inc. has determined the request for **one functional restoration program 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:
CLINICAL SUMMARY: All medical, insurance, and administrative records provided were reviewed.

The applicant is a 46-year-old represented former [redacted] instructor who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 25, 2002.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; lumbar epidural steroid injections; gastric bypass surgery, and extensive periods of time off of work.

The applicant has, it is incidentally noted, filed claims for derivative insults, including psychological stress and erectile dysfunction. In the July 24, 2013, progress note that apparently gave rise to the utilization review report, the applicant states that he continues to be symptomatic and has ongoing dental and psychiatric issues. He exhibits muscle spasm and guarding with limited range of motion. He is given a Toradol injection in the clinic as well as a vitamin B12 injection. The applicant is also given numerous other prescriptions including Norco, tizanidine, and tramadol. It is stated that the applicant should use omeprazole occasionally to deal with stomach upset, which arises sometimes with medications.

In a utilization review report of August 2, 2013, the claims administrator denied a functional restoration program, topical compounds, and numerous other drugs. It is noted that portions of the note have been truncated as a results of repetitive photocopying and faxing.

The applicant's attorney subsequently appealed.

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 and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for one presciption of Zolpidem 10mg #30 :**

   <u>The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision</u>
   The Claims Administrator did not cite any evidence based criteria for its decision.

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

Rationale for the Decision:
The MTUS does not specifically address the topic of Ambien usage. As noted in the Official Disability Guidelines, chronic pain chapter, zolpidem topic, zolpidem or Ambien is a short-acting non-benzodiazepine that can only be used safely for short period of time. It is not recommended in the once daily context proposed by the attending provider. It is further noted that the employee has failed to effect any functional improvement through ongoing usage of this particular drug or others. **The request for Zolpidem 10mg #30 is not medically necessary and appropriate.**

2) **Regarding the request for one presciption of Tramadol/APAP 37.5/325mg #100 :**

The Medical Treatment Guidelines 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, When to Continue Opioids, page 80, which is part of the MTUS.

Rationale for the Decision:
There is no evidence that the employee meets criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation for opioid therapy. Namely, the employee has failed to return to any form of work. The employee remains off of work, on total disability, several years removed from the date of injury. There is no clear evidence of improved functioning and/or reduced pain effected through ongoing usage of Ultracet. The fact that the employee continues to present on a bimonthly basis reporting flares of pain argues against a reduction in pain effected through usage of opioid analgesic. **The request for Tramadol /APAP 37.5/325mg #100 is not medically necessary and appropriate.**

3) **Regarding the request for one presciption of Hydrocodone/APAP 10/325mg #60 :**

The Medical Treatment Guidelines 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, When to Continue Opioids, page 80, which is part of the MTUS.

Rationale for the Decision:
Again, as with Ultracet, the employee fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The fact that the employee remains off of work, on total temporary disability, continues to present on a monthly basis reporting flares of chronic pain, argues against functional improvement effected through prior usage of opioids. **The request for Hydrocodone/APAP 10/325mg #60 is not medically necessary and appropriate.**

4) **Regarding the request for one presciption of Xoten-C 0.002%/10%/20% 120ml :**

The Medical Treatment Guidelines 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, pg.47, which is part of the MTUS, and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, which is part of the MTUS.

Rationale for the Decision:
As noted on page 111 of the MTUS Chronic Pain Guidelines, topical analgesics are considered largely experimental, with few randomized control trials to demonstrate safety or efficacy. In this case, there is no evidence of intolerance to and/or failure of multiple classes of oral analgesics so as to justify usage of topical agents or topical compounds which, per ACOEM table 3-1, are "not recommended." **The request for Xoten-C 0.002%/10%/20% 120ml is not medically necessary and appropriate.**

5) **Regarding the request for one presciption of Naproxen 550mg #100 :**

The Medical Treatment Guidelines 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, Anti-inflammatory medications, page 22, which is part of the MTUS.

Rationale for the Decision:
While anti-inflammatory medication such as Naprosyn are, per page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, considered the traditional first line of treatment in chronic low back pain, in this case, however, the employee has used this drug as well as numerous other drugs and failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the employee remains off of work, on total temporary disability, and continues to use numerous analgesic and adjuvant medications suggest a lack of functional improvement as defined in section 9792.20f. **The request for Naproxen 550mg #100 is not medically necessary and appropriate.**

6) **Regarding the request for one Toradol 2cc injection :**

The Medical Treatment Guidelines 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 the Chronic Pain Medical Treatment Guidelines, Ketorolac (Toradol), page 72, which is part of the MTUS.

Rationale for the Decision:
As noted on page 72 of the MTUS Chronic Pain Guidelines, Ketorolac or Toradol is not indicated for chronic or minor painful conditions. On the date in question, however, the employee presented reporting an acute flare up of pain for which an injection of Toradol was indicated. It is further noted that Third Edition ACOEM Guidelines suggest that Ketorolac, an NSAID, is generally equivalent to Demerol. **The request for Toradol 2cc injection is medically necessary and appropriate.**

7) **Regarding the request forone vitamin B-12 complex injection :**

The Medical Treatment Guidelines 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 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 Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2008, Carpal Tunnel Syndrome, which is not part of the MTUS.

Rationale for the Decision:
The MTUS does not specifically address the topic. The 2008 ACOEM Practice Guidelines and carpal tunnel syndrome suggest that vitamin B12 has been reported as a successful treatment for stroke patients with carpal tunnel syndrome. In this case, however, there is no mention of carpal tunnel syndrome, stroke or vitamin B12 deficiency for which usage of vitamin B12 injection would have been indicated. **The request for vitamin B12 complex injection is not medically necessary and appropriate.**

8) **Regarding the request for one functional restoration program :**
The Medical Treatment Guidelines 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, Criteria for the general use of multidisciplinary pain management programs, pages 30-32, which is part of the MTUS.

Rationale for the Decision:
While pages 30, 31, and 32 of the MTUS Chronic Pain Guidelines do endorse multidisciplinary pain programs, it is difficult to screen for appropriate candidates for participation in these programs, it is acknowledged. Some of the criteria for pursuit of these programs include evidence of an adequate and thorough precursor evaluation, comments that previous means of treating chronic pain have been ineffective, and the presence of an applicant who demonstrates a motivation to change. In this case, however, there is no evidence that the employee is willing to change. There is no evidence that the employee is willing to forgo disability payments. The employee remains off of work, on total temporary disability, several years removed from the date of injury. The employee is unlikely to benefit from this program as employee has demonstrated no willingness to change, no motivation to return to work, and no motivation to try and forgo disability payments. The employee is on Social Security Disability Insurance, it is further stated, making it highly unlikely that the employee will be able to effect any appreciable improvement to the program. Finally, the employee's provider has not stated why conventional means of rehabilitating the employee, such as outpatient counseling, office visits, etc., will not suffice here. **The request for one functional restoration program 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.