

Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 10/1/2009
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0012666

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Butalb/Apap/Caff is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Medrox is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Medrox patch is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine 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 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **Butalb/Apap/Caff is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Medrox is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Medrox patch is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and bilateral carpal tunnel syndrome reportedly associated with an industrial injury of October 1, 2009.

Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; adjuvant medications; normal electrodiagnostic testing of the cervical spine, bilateral upper extremities of June 17, 2013; attorney representation; and extensive periods of time off of the work.

The applicant was reportedly laid off on May 29, 2013.

In an earlier UR report of July 10, 2013, the claims administrator denied request for butalbital, Medrox, Prilosec, and tizanidine.

The applicant subsequently appealed, on August 12, 2013. An earlier electrodiagnostic testing of June 17, 2013 is notable for comments that the applicant is using tizanidine, omeprazole, and Medrol. The applicant was laid off in March 2013 and is presently not working, it is noted.

An earlier clinical progress report of May 29, 2013 is also notable for comments that the applicant reports persistent neck pain radiating to the bilateral upper extremities. She reports anxiety, depression, and insomnia on review of systems. The applicant is asked to employ various medications, including tramadol, Flexeril, Prilosec, Medrox, and ointment in conjunction with wrist braces.

An earlier handwritten note of July 10, 2013 is notable for comments that the applicant remains off of work, on total temporary disability, for an additional eight weeks. This note is very difficult to follow and is not entirely legible.

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 & Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Butalb/Apap/Caff:

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 <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000027> website, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Barbiturate-containing analgesic agents (BCAs), page 23, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate butalbital, a barbiturate-containing analgesic, is not recommended in the treatment of chronic pain, as is seemingly present here. It is noted that the employee remains off of work, on total temporary disability, and continues to use numerous other analgesic and adjuvant medications implies a lack of functional improvement as defined in section 9792.20f. **The request for Butalp/Apap/Caff is not medically necessary and appropriate.**

2) Regarding the request for Medrox:

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, which is part of the MTUS and the <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=55285>, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, which is part of the MTUS. The Expert Reviewer also cited the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg 47, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate oral pharmaceuticals are a first-line palliative method, and are not recommended. The guidelines also indicate that topical agents and/or topical compounds are “largely experimental”. The employee is described on numerous office visits as using several oral analgesics, including tizanidine, butalbital, tramadol, Flexeril, etc. There is no evidence of intolerance to and/or failure of multiple classes of oral analgesics to show the need to use topical agents and/or topical compounds. **The request for Medrox is not medically necessary and appropriate.**

3) Regarding the request for Medrox patch:

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, which is part of the MTUS. The Claims Administrator also cited the <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=55285>, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, which is part of the MTUS. The Expert Reviewer also cited the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg 47, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate oral pharmaceuticals are a first-line palliative method, and are not recommended. The guidelines also indicate that topical agents and/or topical compounds are “largely experimental”. The employee is described on numerous office visits as using several oral analgesics, including tizanidine, butalbital, tramadol, Flexeril, etc. There is no evidence of intolerance to and/or failure of multiple classes of oral analgesics to show the need to use topical agents and/or topical compounds. **The request for Medrox patch is not medically necessary and appropriate.**

4) Regarding the request for Omeprazole:

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 MTUS Guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, page 69, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines does endorse usage of proton-pump inhibitor such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia; in this case, however, the documentation on file does not establish the presence of any signs or symptoms of dyspepsia for which usage of omeprazole would be indicated. Multiple progress notes were surveyed. There was no mention of heartburn, reflux, and/or dyspepsia in either the history of present illness section or review of systems sections of the reports. **The request for Omeprazole is not medically necessary and appropriate.**

5) Regarding the request for Tizanidine:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antispasticity/antispasmodic drugs, page 66, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines state tizanidine is indicated for off label use in the treatment or management of low back pain. In this case, all of the employee's symptoms pertain to the arms and neck. There is no explicit mention of low back pain noted on any recent office visit provided. It is further noted that, as with the other drugs, the employee has used this particular agent chronically and failed to derive any lasting benefit or functional through prior usage of the same. **The request for Tizanidine 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.