

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/26/2013
Date of Injury: 11/3/2005
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0016268

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cyclobenzaprine 7.5 mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Dendracin lotion 120 ml is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Tramadol 150 mg #30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 retrospective request for **Cyclobenzaprine 7.5 mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Dendracin lotion 120 ml is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Tramadol 150 mg #30 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 3, 2005. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, adjuvant medications, unspecified amounts of physical therapy and extensive periods of time off of work. The applicant has been given work restrictions which have not been accommodated by the employer, per a note of April 25, 2013. The applicant is a caregiver for elderly parents. The applicant has developed secondary psychiatric issues with depression, anxiety, and insomnia. In a utilization review report of July 26, 2013, the claims administrator denied a request for cyclobenzaprine, Dendracin, and tramadol. A later note of October 10, 2013 is notable for comments that the applicant is not working. It is stated that the applicant is having daily pain ranging from 6/10 to 10/10. She is on Neurontin, Tramadol, and Flexeril. The applicant has some element of neuropathic pain. An earlier note of April 25, 2013 is also notable for comments that the applicant is off of work, on total temporary disability. She is using Vicodin and tramadol daily. She is also using Flexeril, Naprosyn, and Ambien more sparingly.

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 retrospective request for Cyclobenzaprine 7.5 mg #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, Muscle Relaxants, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 41, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Medical Treatment Guidelines do not endorse the addition of Cyclobenzaprine to other agents. In this case, the records provided for review indicate that the employee is using numerous other agents, including Vicodin, tramadol, Ambien, etc. Adding cyclobenzaprine to the mix is not indicated, particularly given the lack of functional improvement as defined by MTUS guidelines. The fact that the employee remains off of work and continues to use numerous analgesic and adjuvant medications supports this lack of functional improvement. **The retrospective request for Cyclobenzaprine 7.5 mg #60 is not medically necessary and appropriate.**

2) Regarding the retrospective request for Dendracin lotion 120 ml:

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, Capsaicin, which is part of the MTUS.

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

Rationale for the Decision:

The ACOEM guidelines state that oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence in the records provided for review of intolerance to and/or failure of multiple classes of oral analgesic and/or adjuvant medications, which might make a case for usage of topical agents or topical compounds such as Dendracin which are, per ACOEM table 3-1, not recommended. The MTUS chronic pain guidelines state that topical analgesics

are largely experimental. **The retrospective request for Dendracin lotion 120 ml is not medically necessary and appropriate.**

3) Regarding the retrospective request for Tramadol 150 mg #30:

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, page 80, which is part of the MTUS

Rationale for the Decision:

The MTUS Chronic Pain Medical Treatment Guidelines indicate that the criteria for continuation of opioid therapy must include evidence of successful return to work and/or evidence of successful return to work and/or evidence of improved function and/or reduced pain through prior usage of opioids. In this case, however, there is no evidence in the records submitted for review that the employee meets any of the aforementioned criteria. The employee remains off of work, on total temporary disability. There is no clear evidence of improved functioning and/or reduced pain effected through prior usage of Tramadol. **The retrospective request for Tramadol 150 mg #30 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

/dso

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.