

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/20/2013
Date of Injury:	6/28/2012
IMR Application Received:	8/27/2013
MAXIMUS Case Number:	CM13-0017090

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 150mg, #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine 7.5mg #90 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen Sodium 55mg, #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg, #30 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Terocin 120ml is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/20/2013. 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 request for **Tramadol 150mg, #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine 7.5mg #90 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen Sodium 55mg, #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg, #30 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Terocin 120ml 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 Internal Medicine (ABIM) 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 patient who sustained a work injury on 6/28/2012 after hitting the knee on a door and falling. The patient developed right knee pain and lumbar pain. The relevant diagnosis include: L2-L3 disc extrusion, L1-L5 disc bulge, multilevel facet arthropathy, mild disc dissection T11-T12 and L3-L4 and low back pain with radiculopathy. The issue in this case is whether Tramadol 150mg #60, Cyclobenzaprin 7.5mg #90, Naproxen Sodium 55mg #60, Omeprazole 20mg #30 and Terocin 120ml is medically necessary.

### **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 request for Tramadol 150mg, #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 ,Opioids, pages 78-80 & 91-94, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines ,Opioids, pages 78, 80 & 93-94, which is part of the MTUS, and the Official Disability Guidelines (ODG)

##### Rationale for the Decision:

After careful review of the medical records and documentation provided to me Tramadol is not recommended for long-term chronic therapy in this employee. Specifically per the submitted progress notes, the employee had the same constant pain while on Tramadol without any significant improvement. **The request for Tramadol 150mg, #60 is not medically necessary and appropriate.**

#### **2) Regarding the request for Cyclobenzaprine 7.5mg #90:**

##### 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 for pain, pages 63-66, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 63-64, which is part of the MTUS.

##### Rationale for the Decision:

After careful review of the medical records and documentation provided, the employee has passed the beneficial duration of the requested medication. The MTUS Chronic Pain Guidelines indicate that Cyclobenzaprine is used for a short course duration and not for chronic use and per the submitted records this time frame has been surpassed. There is no documentation that this medication is improving functionality. **Therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary or appropriate.**

**3) Regarding the request for Naproxen Sodium 55mg, #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, NSAIDs, pages 67-68 and 70-73, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Page 68, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that the requested medication is recommended as an option for short-term symptomatic relief. After careful review of the medical records and documentation provided, it appears that the employee has been on Naproxen for an extended period of time without any beneficial or quantifiable improvement. **The request for Naproxen Sodium 55mg, #60 is not medically necessary and appropriate.**

**4) Regarding the request for Omeprazole 20mg, #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, NSAID's, GI Symptoms and Cardiovascular Risk section, which is part of the MTUS, and <http://www.drugs.com/pro/prilosec.html>, Indications and Usage for Prilosec, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 68, which is part of the MTUS.

Rationale for the Decision:

After careful review of the medical records and documentation provided for review, the employee does not meet the guidelines of Omeprazole therapy. The MTUS Chronic pain guidelines indicate that clinicians should determine if patients are at risk for gastrointestinal events, are more than age 65, have a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or a high dose/multiple NSAID. The records indicate that the employee does not meet any of these criteria. **The request for Omeprazole 20mg, #30 is not medically necessary and appropriate.**

**5) Regarding the request for Terocin 120ml:**

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, Topical Analgesics, pages 1110113, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 111-113, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. Any compounded medication that contains at least one drug (or drug class) that is not recommended is not recommended. After careful review of the medical records and documentation provided for review, the requested medication is not indicated. **The request for Terocin 120ml 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, 18<sup>th</sup> 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.