
Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 3/23/2012
IMR Application Received: 8/27/2013
MAXIMUS Case Number: CM13-0017199

- 1) MAXIMUS Federal Services, Inc. has determined the request for Anaprox DS **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Orudis **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Prilosec **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Zofran **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Flexiril **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Imitrex **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Levaquin **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Medrox **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Tramadol ER **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 7/31/2013. 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 Anaprox DS **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Orudis **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Prilosec **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Zofran **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Flexiril **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Imitrex **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Levaquin **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Medrox **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Tramadol ER **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 41-year-old who sustained a work related injury on 3/23/2012 after picking up a heavy box from the floor causing lumbar sprain. The diagnosis relevant to this case is Right sacroiliitis and lumbar discopathy. The relevant issues for this case is whether Anaprox DS, Orudis, Prilosec, Zofran, Flexeril, Imitrex, Levaquin, Medrox, and Tramadol ER are 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 Anaprox DS :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22 and NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-68, which are part of MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate usage of this medication in the treatment of Osteoarthritis and chronic low back pain. Review of the submitted medical records indicate that the employee did experience temporary pain relief and help to manage the employee's activities of daily living. **The request for Anaprox DS is medically necessary and appropriate.**

2) Regarding the request for Orudis :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory Medications, page 22, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22 and NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-68, which are part of MTUS.

Rationale for the Decision:

A review of the medical records and documentation provided do not support the medical necessity for Orudis since the employee was controlled with functionality on Anaprox DS. **The request for Orudis is not medically necessary or appropriate.**

3) Regarding the request for Prilosec :

The Medical Treatment Guidelines 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, GI symptoms & cardiovascular risk, page 68, which is part of MTUS.

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

Rationale for the Decision:

A review of the medical records and documentation provided indicate that the employee does not meet the above guidelines for Prilosec therapy. The employee did have complaints of gastrointestinal (GI) upset while being on Anaprox but does not meet the MTUS criteria. Specifically, the employee is less than 65 years old and there is no documentation of peptic ulcer disease, GI bleeding or perforation, nor is the employee on multiple NSAIDs, anticoagulation or corticosteroids. **The request for Prilosec is not medically necessary and appropriate.**

4) Regarding the request for Zofran :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Thompson Micromedex Guidelines, which is not part of the MTUS.

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), Ondansetron.

Rationale for the Decision:

The medical rationale for the above decision on Zofran is not medically appropriate in this specific case is due to the following guidelines of the ODG: "Not recommended for nausea and vomiting secondary to chronic opioid use." After careful review of the medical records and documentation provided, there is no documentation of any nausea and vomiting to certify use of an anti-emetic. **Therefore, the request for Zofran is not medically necessary or appropriate.**

5) Regarding the request for Flexiril :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 64 and 76 – 80, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), page 63, and Cyclobenzaprine (Flexeril), page 64, which are part of MTUS.

Rationale for the Decision:

A review of the medical records and documentation provided indicate that the employee has passed the beneficial duration of the requested medication. Cyclobenzaprine is a sedating muscle relaxant recommended for a short course duration and not for chronic use. Furthermore, there is no documentation on improvement or benefit while on this medication. **The request for Flexiril is not medically necessary or appropriate.**

6) Regarding the request for Imitrex :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the FDA Orange Book, which is not part of the MTUS.

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), Triptans.

Rationale for the Decision:

The Official Disability Guidelines (ODG) state that this medication is "Recommended for migraine sufferers. At marketed doses, all oral Triptans (e.g., sumatriptan, brand name Imitrex[®]) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Rizatriptan (Maxalt[®]) has demonstrated, in a head-to-head study, higher response rates and a more rapid onset of action than sumatriptan, together with a favorable tolerability profile. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of Rizatriptan. While the Maxalt brand of Rizatriptan therapy is more expensive than other Triptans, the economic value of Rizatriptan depends on the payer's perspective, as the greatest savings can be expected to be achieved in terms of reduced migraine-related loss of work productivity compared with less effective treatments. According to the FDA Orange Book, equivalent generics have been approved for Maxalt, so generic Rizatriptan would be recommended. (FDA, 2013)"

Review of the medical records and documentation provided, do not document that the employee suffers from migraines to require the requested medication. **The request for Imitrex is not medically necessary or appropriate.**

7) Regarding the request for Levaquin :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Thompson Micromedex Guidelines, which is not part of the MTUS.

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, under Levaquin.

Rationale for the Decision:

The Official Disability Guidelines (ODG) states that this medication is "Recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP)." Review of the medical records and documentation provided do not document that the employee had an infection requiring an antibiotic.

Therefore, the request for Levaquin is not medically necessary or appropriate.

8) Regarding the request for Medrox :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines pages 75, 82 and 112, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113 and Medications for chronic pain, pages 60-61, which are part of MTUS.

Rationale for the Decision:

Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have been tried and failed. Capsaicin which is an ingredient in Medrox, is recommended for use in those who are unsuccessful with conventional therapy and primarily used for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain which this patient does not have. The medical records submitted for review do not indicate that the employee has tried and failed the different modalities of conventional treatments including but not limited to the different medications that are available. Methyl salicylate an NSAID in Medrox is indicated in Osteoarthritis and tendinitis (short-term only). The employee has neither of those diagnosis and does not meet the MTUS criteria.

The request for Medrox is not medically necessary and appropriate.

9) Regarding the request for Tramadol ER:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 111 – 113, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram), page 93-94, On-going Management, page 78, Opioids for chronic pain, page 81 and Medications for chronic pain, page 60-61, which are part of MTUS.

Rationale for the Decision:

Tramadol is not recommended for long term chronic pain treatment. As per the guidelines, use of this medication is generally temporary and effective in improvement in function and activity. There is no documentation submitted for review of pain reduction or increase in functionality for this employee while on Tramadol **Therefore, the request for Tramadol ER is not medically necessary or 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.