

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/9/2013
Date of Injury: 11/30/2002
IMR Application Received: 8/30/2013
MAXIMUS Case Number: CM13-0018752

- 1) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Ultram is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Volatren gel is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Metanx is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Lunesta is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/30/2013 disputing the Utilization Review Denial dated 8/9/2013. 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 **unknown prescription of Ultram is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Voltaren gel is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Metanx is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **unknown prescription of Lunesta 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient has a date of injury of November 30, 2002. A utilization review determination dated August 12, 2013 recommends modified certification for Ultram, modified certification for Voltaren gel, non-certification for Metanx, and conditional non-certification for Lunesta. A progress report dated July 24, 2013 identifies subjective complaints of "the patient states there've been no interval changes in allergies, family history, past medical history, review of systems or social history." Physical examination states "no physical examination was performed today." Assessment includes chronic pain, lesion of owner nerve, other mononeuritis of upper limb, unspecified mononeuritis upper limb, radial styloid tenosynovitis, and chondromalacia. Treatment plan includes "refill: Ultram, Voltaren gel, Lunesta, Metanx"

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 Treatment Utilization Schedule (MTUS)
- Medical Records from: Claims Administrator

1) Regarding the request for unknown prescription of Ultram:

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, Tramadol (Ultram), Opioids, criteria for use, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Ultram, pages 75 - 79, and Criteria for use of Opioids, pages 76-79, which are part of MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the employee's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. **The request for unknown prescription of Ultram is not medically necessary or reasonable.**

2) Regarding the request for unknown prescription of Volatren gel:

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, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pages 67 – 69, and Topical Non-steroidal anti-inflammatory agents (NSAIDs), pages 111-112, which are part of MTUS.

Rationale for the Decision:

Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the employee has obtained any analgesic effect or objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the employee would be unable to tolerate oral NSAIDs, which would be preferred. **The request for unknown prescription of Voltaren gel is not medically necessary or appropriate.**

3) Regarding the request for unknown prescription of Metanx:

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 Official Disability Guidelines, (ODG), Pain (Chronic), Vitamin B, which is not part of 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, Chronic Pain Chapter, Medical Food and Wikipedia: Metanx.

Rationale for the Decision:

Regarding the request for Metanx, California MTUS guidelines and ODG are silent on the use of this medical food. A search of the Internet identifies that Metanx is a vitamin B medical food. The Official Disability Guidelines (ODG) recommends the use of medical foods if the product is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, there is no indication that the employee has a vitamin D deficiency, or any other condition for which vitamin D supplementation would be necessary. **The request for unknown prescription of Metanx is not medically necessary or appropriate.**

4) Regarding the request for unknown prescription of Lunesta:

Section of the Medical Treatment Utilization Schedule 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 Official Disability Guidelines, Chronic Pain Chapter, Insomnia Definition.

Rationale for the Decision:

Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The Official Disability Guidelines (ODG) recommends the use of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the employee has responded to Lunesta treatment. **The request for unknown prescription of Lunesta 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.