

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

8/5/2013

10/22/2013

9/3/2013

CM13-0019776

- 1) MAXIMUS Federal Services, Inc. has determined the request for **sixty (60) Anexsia 7.5/325mg., between 7/15/2013 and 9/16/2013 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription for Bio-Therm, between 7/15/2013 and 9/16/2013 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **eight (8) acupuncture sessions between 7/15/2013 and 9/16/2013 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/5/2013. 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 **sixty (60) Anexsia 7.5/325mg., between 7/15/2013 and 9/16/2013** is not **medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription for Bio-Therm, between 7/15/2013 and 9/16/2013** is not **medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **eight (8) acupuncture sessions between 7/15/2013 and 9/16/2013** 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 and Pulmonary Disease 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 employee is a 55-year-old male who reported an injury on 10/22/2012. On 11/08/2012, the employee is reported to have been seen by Dr. [REDACTED] who noted the employee was pulling a sofa for collection when it became stuck between the curb and parkway, causing his arm to jerk back. He reported he heard a pop and felt immediate onset of pain in his left arm biceps area, to have been treated with physical therapy, and prescribed Anexsia and Biotherm and continued to have ongoing complaints of pain in the left arm and forearm. On 05/13/2013, the employee continued taking Anexsia, using diclofenac, flex plus gel, and Biotherm topical cream. On examination, the employee noted to have tenderness to palpation over the insertion of the biceps tendon. He was noted to have tenderness also of the proximal forearm. He had full range of motion and the employee was neurovascularly intact. On 07/15/2013, the employee continued to have pain and Dr. [REDACTED] noted he had previously tried to titrate the employee down to Ultram from Anexsia; however, with the Ultram he had increased gastrointestinal side effects with nausea and vomiting. He reported his pain was 4/10 before taking medications and 1/10 after taking medications. The employee continued to have tenderness to palpation over the left arm and forearm in the antecubital area over the biceps and tendon insertion. He had full range of motion in all planes. The employee was referred for physical therapy 2 times a week for 4 weeks as an adjunct to his current medication regimen.

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
 - Employee/Employee Representative
 - Provider

1) Regarding the request for sixty (60) Anexsia 7.5/325mg., between 7/15/2013 and 9/16/2013: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, Opioids for chronic pain, Page 80, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines state that chronic pain can be address, in most cases with acetaminophen, aspirin, and NSAIDs, and when these drugs do not satisfactorily reduce pain, Opioids for moderate to severe pain may be added, but not substituted for non-narcotic analgesics. They also note most randomized controlled studies have been limited to short-term periods and there are no studies of the use of long-term Opioids and there were concerns about confounding issues, such as tolerance, opioid-induced hyperalgesia, or hypogonadism. According to the medical records provided for review, the employee is noted to have been immediately started on Anexsia on the date of injury and is reported to continue taking Anexsia, although the employee is noted to have only mild to moderate pain. Guidelines do not recommend the use of Opioids for chronic pain, stating that there are no studies that support the use for long-term narcotic analgesic for chronic pain. **The request for sixty is not medically necessary and appropriate.**

2) Regarding the request for 1 prescription for Bio-Therm, between 7/15/2013 and 9/16/2013: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, Topical Analgesics, Pages 111-113, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended. They state capsaicin is only recommended as an option in employees who have not responded or who are intolerant to other treatments. According to the medical records provided for review, there is no indication that the employee had attempted to use other topical analgesics before being prescribed the Biotherm, which without improvement or with adverse effects, the requested Biotherm does not meet guideline recommendations. **The request for 1 prescription for Bio-Therm, between 7/15/2013 and 9/16/2013 is not medically necessary and appropriate.**

3) Regarding the request for eight (8) acupuncture sessions between 7/15/2013 and 9/16/2013:

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 Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

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

Rationale for the Decision:

MTUS/Acupuncture Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical therapy or surgical intervention to hasten functional recovery. They recommend a trial of 3 to 6 sessions of acupuncture treatment. According to the medical records provided for review, the employee is not noted to be reducing pain medications or to have been attending physical therapy or to have undergone a surgical intervention, the requested 8 sessions exceed the recommended trial of 3 to 6 sessions. **The request for eight (8) acupuncture sessions between 7/15/2013 and 9/16/2013 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.