
Notice of Independent Medical Review Determination

Dated: 8/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	3/10/1999
IMR Application Received:	7/11/2013
MAXIMUS Case Number:	CM13-0001218

- 1) MAXIMUS Federal Services, Inc. has determined the request for 30 units of Provigil (200 mg) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 60 units of Thermacare patches **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 4 units of Butrans (10 mcg/h) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for psychological counseling (2 times a month for 6 months) **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 30 units of Cymbalta (60 mg) **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 100 units of Tylenol (1000 mg) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. 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 30 units of Provigil (200 mg) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 60 units of Thermacare patches **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 4 units of Butrans (10 mcg/h) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for psychological counseling (2 times a month for 6 months) **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 30 units of Cymbalta (60 mg) **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 100 units of Tylenol (1000 mg) **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 Medicine and is licensed to practice in Oklahoma. 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013.

Clinical Summary: This is a 52-year-old male who was injured on 3/10/99. The mechanism of injury was not provided for review. The diagnoses were cervical radiculopathy, status post cervical fusion, rotator

cuff sprain, status post arthroscopy, and lumbar strain. The progress report dated 6/20/13 noted the Butrans decreased the patient's pain by 55-60% for several hours, occurring mainly at night. His neck, right shoulder, thoracic back, low back, and right knee pain was rated 7-8/10 on the visual analogue scale (VAS). The patient had increased pain with activity and numbness in his right 4th digit, right forearm, and medial right leg. The objective findings noted deep tendon reflexes were 2+, and sensation was intact but diminished in the right 5th digit and medial right leg below the knee. Muscle strength was 5/5, decreased in the right shoulder flexion and abduction. There was a positive right McMurray's and pain with right patellar manipulation and along the joint line. The patient was prescribed Cymbalta 60mg, Provigil 200mg, Tizanidine 4mg for acute exacerbations of muscle pain, Thermacare Patches, Tylenol 100 mg, Neurontin 1200 mg, and Butrans 10 mcg/h every 7 days. The patient was also noted to have severe depression that had a worsened score of 21. His questionnaire noted nearly every day, he had little interest or pleasure in doing things, felt down, depressed/hopeless, had trouble with sleep, little energy/tired, and had a poor appetite. More than half the days he felt bad about himself, had trouble concentrating, moving or speaking, and restlessness. The patient checked that it was very difficult to work, take care of things, and get along with others.

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 for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/2/13)
- Primary Treating Physician Progress Reports (dated 6/14/12 to 6/20/13)
- Patient Health Questionnaires (dated 10/18/12 to 6/20/13)
- www.drugs.com, Provigil
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 8, 12, At-home applications of local heat or cold
- Chronic Pain Medical Treatment Guidelines (2009), pages 11-16, 23, 25-26

1) Regarding the request for 30 units of Provigil (200 mg):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the website www.drugs.com, Provigil description, which is an expert opinion that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the requested medication. The Expert Reviewer was unable to find any medical treatment guideline or nationally recognized professional standard that addresses the requested medication. The Expert Reviewer found the expert opinion used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/10/1999. Diagnoses listed in the utilization review determination included cervical radiculopathy, rotator cuff sprain, and lumbar strain. Treatment to date has included cervical fusion and arthroscopy. A request was submitted for 30 units of Provigil (200 mg).

The website www.drugs.com indicates Provigil is a medication used to treat excessive sleepiness caused by sleep apnea, narcolepsy, or shift work sleep disorder. The medical records submitted and reviewed lack of documentation of time in bed or daily activities and sedentary and exercise was not addressed. The medical necessity of this medication has not been established. The request for 30 units of Provigil (200 mg) is not medically necessary and appropriate.

2) Regarding the request for 60 units of Thermacare patches:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 8, 12, At-home applications of local heat or cold, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/10/1999. Diagnoses listed in the utilization review determination included cervical radiculopathy, rotator cuff sprain, and lumbar strain. Treatment to date has included cervical fusion and arthroscopy. A request was submitted for 60 units of Thermacare patches.

The ACOEM Guidelines state that in home use of heat and ice may be considered reasonable in the initial phase, but there are no high-grade scientific studies to demonstrate effectiveness of heat/cold applications. The employee was injured in 1999 and is beyond the initial phase. The request for 60 units of Thermacare patches is not medically necessary and appropriate.

3) Regarding the request for 4 units of Butrans (10 mcg/h):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 25-26, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/10/1999. Diagnoses listed in the utilization review determination included cervical radiculopathy, rotator cuff sprain, and lumbar strain. Treatment to date has included cervical fusion and arthroscopy. A request was submitted for 4 units of Butrans (10 mcg/h).

Butrans contains buprenorphine, and the MTUS Chronic Pain Guidelines indicate it is recommended for opioid addiction and/or chronic pain. The medical records submitted and reviewed lack sufficient documentation to support continued use of Butrans. The request for 4 units of Butrans (10 mcg/h) is not medically necessary and appropriate.

4) Regarding the request for psychological counseling (2 times a month for 6 months):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), page 23, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, pages 101-102, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 3/10/1999. Diagnoses listed in the utilization review determination included cervical radiculopathy, rotator cuff sprain, and lumbar strain. Treatment to date has included cervical fusion and arthroscopy. A request was submitted for psychological counseling (2 times a month for 6 months).

The MTUS Chronic Pain Guidelines indicate psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The medical records received and reviewed do not indicate the efficacy of any prior evaluations or treatment and are minimal in discussing the need for this service at this time. The request for psychological counseling (2 times a month for 6 months) is not medically necessary and appropriate.

5) Regarding the request for 30 units of Cymbalta (60 mg):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 13-16, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, pages 43-44, of the MTUS.

Rationale for the Decision:

The employee was injured on 3/10/1999. Diagnoses listed in the utilization review determination included cervical radiculopathy, rotator cuff sprain, and lumbar strain. Treatment to date has included cervical fusion and arthroscopy. A request was submitted for 30 units of Cymbalta (60 mg).

The MTUS Chronic Pain Guidelines indicate Cymbalta is recommended as an option in first-line treatment for neuropathic pain. The medical records submitted and reviewed fail to indicate the effectiveness of this medication for this employee and do not support continuation of this medication. The request for 30 units of Cymbalta (60 mg) is not medically necessary and appropriate.

6) Regarding the request for 100 units of Tylenol (1000 mg):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 11-12, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/10/1999. Diagnoses listed in the utilization review determination included cervical radiculopathy, rotator cuff sprain, and lumbar strain. Treatment to date has included cervical fusion and arthroscopy. A request was submitted for 100 units of Tylenol (1000 mg). The medical records submitted and reviewed fail to indicate the effectiveness of this medication. The request for 100 units of Tylenol (1000 mg) 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.