

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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Notice of Independent Medical Review Determination

Dated: 9/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 3/21/2013
IMR Application Received: 7/12/2013
MAXIMUS Case Number: CM13-0001329

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 month supply of Tramadol **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 month supply of Anaprox **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 month supply of Dendracin Lotion **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 month supply of Prilosec **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for MRI of the right ankle and right foot without contrast **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 1 month supply of Tramadol **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 month supply of Anaprox **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 month supply of Dendracin Lotion **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 month supply of Prilosec **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for MRI of the right ankle and right foot without contrast **is 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 Occupational Medicine, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

“Nurse Clinical summary: DOI: 03/21/2013. This is a case of 51 year old male laborer who sustained right ankle injury while he was walking and he tripped onto the object. As per initial foot and ankle surgeon consultation report dated 04/09/2013, he presented with pain in the right foot. The patient points to the dorsal aspect of right foot stating that he has a maximum pain. He specifically points to an area of the swelling on the dorsal aspect of his right foot in the third metatarsal. When he attempts to stand, he experiences a sharp debilitating pain when he applies pressure to the forefoot. The pain does not radiate to the toes. It does not radiate proximally. He also complains of numbness in toes 2, 3, and 4. The patient states that previous treatment has included pain medication, anti-inflammatory medications, and crutches. Based on the doctor's first report of occupational injury dated 06/21/2013 1 the patient complains of right foot and ankle pain, mainly on the top of the right foot, from right great toe and second toe. The pain is radiates to the right ankle and Achilles heel. On physical examination, there

are pain and tenderness. Based on progress report dated 06/25/2013, the patient's condition has not improved since the last exam. He complains of pain and swelling. He is wearing Cam Walker. The patient is limping. There is minimal swelling noted at the fracture site. There is mild Increase In temperature. There is pain with range of motion of the .3rd toe. The fracture site palp with fusiform swelling. The patient states that his right ankle still locks. X-ray {official reading not available} result is positive tor callus formation at the fracture site. His current diagnosis is closed fracture of the metatarsal. The patient was advised to wear the Cam walker and use cane if necessary. The bone stimulator was discussed with the patient if he progresses to a non-union. The patient is aware that his smoking can contribute to delayed bone healing.”

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 x 2 (received 7/12/13)
- Utilization Review Determination from [REDACTED] (dated 7/1/13)
- Utilization Review Determination from [REDACTED] (dated 7/2/13)
- Chronic Pain Medical Treatment Guidelines (2009), pgs. 68-69, 73, 93-94, 111
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 14, pg. 374
- Medical Report from [REDACTED], MD (dated 6/21/13)
- Medical Records from [REDACTED] (dated 3/39/13 - 7/1/13)
- Progress Reports dated 5/7/13, 4/23/13, 4/8/13, 3/29/13 have blank second pages. The Claims Administrator was contacted and they state these were faxed correctly, with the second page blank.

1) Regarding the request for 1 month supply of Tramadol:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, pages 93-94, of the 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 were not applicable and relevant to the issue at dispute. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, 2009, page 82, was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the right foot and ankle after a trip and fall accident on 3/21/2013. The submitted and reviewed medical records indicate that treatment has included pain medication, anti-inflammatory medications, crutches, and a CAM walker. According to the most recent medical report, dated 6/21/2013, the employee had not improved objectively since the previous exam on 6/11/2013, with mild swelling and tenderness as well as mild increase in temperature noted. A request was submitted for 1 month supply of Tramadol, 1 month supply of Anaprox, 1 month supply of Dendracin Lotion, 1 month supply of Prilosec, and an MRI of the right ankle and right foot without contrast.

The MTUS Chronic Pain Guidelines note that Tramadol is a synthetic opioid and can be used as a second-line treatment, either alone or in combination with first-line drugs such as NSAIDs. The reviewed medical records indicate that the employee responded favorably to prior use of Tramadol and has returned to modified work duty. The criterion for continuing with Tramadol has been met. The request for 1 month supply of Tramadol is medically necessary and appropriate.

2) Regarding the request for 1 month supply of Anaprox:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, page 73, of the 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 were not applicable and relevant to the issue at dispute. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, 2009, page 22, of the MTUS, were applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the right foot and ankle after a trip and fall accident on 3/21/2013. The submitted and reviewed medical records indicate that treatment has included pain medication, anti-inflammatory medications, crutches, and a CAM walker. According to the most recent medical report, dated 6/21/2013, the employee had not improved objectively since the previous exam on 6/11/2013, with mild swelling and tenderness as well as mild increase in temperature noted. A request was submitted for 1 month supply of Tramadol, 1 month supply of Anaprox, 1 month supply of Dendracin Lotion, 1 month supply of Prilosec, and an MRI of the right ankle and right foot without contrast.

The MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications, such as Anaprox, are the traditional first-line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The submitted medical records indicate that the employee continued to experience mild swelling, tenderness and mild increase in temperature indicating inflammation. The request for 1 month supply of Anaprox is medically necessary and appropriate.

3) Regarding the request for Dendracin Lotion:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, page 111, of the 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the right foot and ankle after a trip and fall accident on 3/21/2013. The submitted and reviewed medical records indicate that treatment has included pain medication, anti-inflammatory medications, crutches, and a CAM walker. According to the most recent medical report, dated 6/21/2013, the employee had not improved objectively since the previous exam on 6/11/2013, with mild swelling and tenderness as well as mild increase in temperature noted. A request was submitted for 1 month supply of Tramadol, 1 month supply of Anaprox, 1 month supply of Dendracin Lotion, 1 month supply of Prilosec, and an MRI of the right ankle and right foot without contrast.

The MTUS Chronic Pain Guidelines indicate that topical medications are largely experimental and are primarily recommended for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. The submitted medical records indicate that the employee's foot and ankle injuries are mechanical in nature, with a suspected foot fracture, rather than neuropathic. The criteria for use of the requested medication is not established. The request for 1 month supply of Dendracin Lotion is not medically necessary and appropriate.

4) Regarding the request for 1 month supply of Prilosec:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, pages 68-69, of the 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the right foot and ankle after a trip and fall accident on 3/21/2013. The submitted and reviewed medical records indicate that treatment has included pain medication, anti-inflammatory medications, crutches, and a CAM walker. According to the most recent medical report, dated 6/21/2013, the employee had not improved objectively since the previous exam on 6/11/2013, with mild swelling and tenderness as well as mild increase in temperature noted. A request was submitted for 1 month supply of Tramadol, 1 month supply of Anaprox, 1 month supply of Dendracin Lotion, 1 month supply of Prilosec, and an MRI of the right ankle and right foot without contrast.

The MTUS Chronic Pain Guidelines recommend proton pump inhibitors (PPI), such as Prilosec, for NSAID-induced dyspepsia. The medical records reviewed do not establish that the employee suffers from dyspepsia or is at risk for gastrointestinal events. The request for 1 month supply of Prilosec is not medically necessary and appropriate.

5) Regarding the request for MRI of the right ankle and right foot without contrast:

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, 2004, 2nd Edition, Chapter 14, Ankle and Foot Complaints, page 374, of the 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the right foot and ankle after a trip and fall accident on 3/21/2013. The submitted and reviewed medical records indicate that treatment has included pain medication, anti-inflammatory medications, crutches, and a CAM walker. According to the most recent medical report, dated 6/21/2013, the employee had not improved objectively since the previous exam on 6/11/2013, with mild swelling and tenderness as well as mild increase in temperature noted. A request was submitted for 1 month supply of Tramadol, 1 month supply of Anaprox, 1 month supply of Dendracin Lotion, 1 month supply of Prilosec, and an MRI of the right ankle and right foot without contrast.

The MTUS ACOEM guidelines state that “imaging may be indicated to clarify the diagnosis in those individuals with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as fusion or localized pain.” The most recent medical report, dated 6/21/2013, notes the employee had a diagnosis of contusion versus occult fracture of the right foot with persistent swelling and limping. The criteria for proceeding with the request have been established. The request for MRI of the right ankle and right foot without contrast is 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

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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.