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**Notice of Independent Medical Review Determination**

Dated: 8/29/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 4/21/2004  
IMR Application Received: 7/15/2013  
MAXIMUS Case Number: CM13-0001541

- 1) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #60 with 5 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Oxycontin 20mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Amitiza 8mcg #60 with 5 refills **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Duexis 26.6/800mg #90 with 5 refills **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 6 visits to Jenny Craig for continued weight loss **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 Soma 350mg #60 with 5 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Oxycontin 20mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Amitiza 8mcg #60 with 5 refills **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Duexis 26.6/800mg #90 with 5 refills **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 6 visits to Jenny Craig for continued weight loss **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 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 2, 2013.

**“Clinical Rationale:** The patient is a 61 year old female with a date of injury of 4/21/2004. The provider has submitted prospective requests for one prescription of Soma 350mg #60 with five refills, one prescription of Percocet 10/325mg #180, one prescription of Oxycontin 20mg #90, one prescription of Amitiza 8mcg #60 with five refills, one prescription of Duexis 26.6/800mg #90 with five refills, and six visits to Jenny Craig for continued weight loss.”

## 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 by [REDACTED] (dated 7/2/13)
- Laboratory Report by [REDACTED] (dated 10/11/12)
- Employee's Medical Records by [REDACTED], MD (dated 12/3/12)
- Employee's Medical Records by [REDACTED] (dated 6/14/13 thru 6/20/12)
- Employee's Medical Records by [REDACTED], DMD (dated 5/28/13 thru 12/17/12)
- Employee's Medical Records by [REDACTED] (dated 5/25/13, 4/16/13)
- Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), pg 29, Oxycodone, pg 92,
- National Guideline Clearinghouse, McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references], Pharmacological Therapy
- National Guideline Clearinghouse, University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p. [11 references]
- National Guideline Clearinghouse, Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2005 Apr 5;142(7):525-31. [36 references]

### 1) Regarding the request for Soma 350mg #60 with 5 refills:

#### 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), Carisoprodol (Soma), pg. 29, 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 4/21/12. Per medical records submitted and reviewed, the employee reports multifocal neck, left knee, and right shoulder pain with attendant paresthesias about the right hand. Treatment to date has included: analgesic medications; a supervised weight loss program throughout 2012 and 2013; left and right wrist ganglion cyst excision surgeries; adjuvant medications; multiple dental procedures; and extensive periods of time off of work. The request is for Soma 350mg #60 with 5 refills.

The MTUS Chronic Pain Guidelines state long-term use of Soma is not advised because Soma is deemed habit forming and potentially addictive. The medical

records submitted and reviewed indicate the employee has failed to exhibit any reduction in dependence on medical treatment, failed to demonstrate any evidence of improved work status or work restrictions, and has not derived any lasting benefit or functional improvement through usage of Soma. The request for Soma 350mg #60 with 5 refills is not medically necessary and appropriate.

**2) Regarding the request for OxyContin 20mg #90:**

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), Oxycodone, pg. 92, 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 not relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pg. 80, which is part of the CA MTUS.

Rationale for the Decision:

The employee was injured on 4/21/12. Per medical records submitted and reviewed, the employee reports multifocal neck, left knee, and right shoulder pain with attendant paresthesias about the right hand. Treatment to date has included: analgesic medications; a supervised weight loss program throughout 2012 and 2013; left and right wrist ganglion cyst excision surgeries; adjuvant medications; multiple dental procedures; and extensive periods of time off of work. The request is for Oxycontin 20mg #90.

The MTUS Chronic Pain Guidelines list criteria for continued opioid therapy as evidence of successful return to work, improved functioning, and reduced pain through usage of the opioid agent in question. Per medical records submitted and reviewed, there is no evidence that the employee has returned to work, improved performance of daily activities, or has had a reduction in pain. The guideline criteria are not met. The request for Oxycontin 20mg #90 is not medically necessary and appropriate.

**3) Regarding the request for Amitiza 8mcg #60 with 5 refills:**

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

The Claims Administrator based its decision on McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references], which is a medical treatment guideline 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 found the guidelines used by the Claims Administrator not relevant and appropriate for the employee's clinical circumstance. The Expert

Reviewer relied on Chronic Pain Medical Treatment Guidelines (2009), pg. 77, which is part of the CA MTUS.

Rationale for the Decision:

The employee was injured on 4/21/12. Per medical records submitted and reviewed, the employee reports multifocal neck, left knee, and right shoulder pain with attendant paresthesias about the right hand. Treatment to date has included: analgesic medications; a supervised weight loss program throughout 2012 and 2013; left and right wrist ganglion cyst excision surgeries; adjuvant medications; multiple dental procedures; and extensive periods of time off of work. The request is for Amitiza 8mcg #60 with 5 refills.

While the MTUS Chronic Pain Medical Treatment Guidelines do endorse prophylactic treatment of constipation in those individuals using opioid therapy chronically, in this case, the request for Oxycontin has been non-certified above. It is possible that the employee's symptoms of opioid-induced constipation will abate once the offending opioid agents are ceased. The request for Amitiza 8mcg #60 with 5 refills is not medically necessary and appropriate.

**4) Regarding the request for Duexis 26.6/800mg #90 with 5 refills:**

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

The Claims Administrator based its decision on the National Guideline Clearinghouse, University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p. [11 references], which 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 found the guidelines used by the Claims Administrator not relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer relied on Chronic Pain Medical Treatment Guidelines, (2009), pg. 69, which is part of the CA MTUS.

Rationale for the Decision:

The employee was injured on 4/21/12. Per medical records submitted and reviewed, the employee reports multifocal neck, left knee, and right shoulder pain with attendant paresthesias about the right hand. Treatment to date has included: analgesic medications; a supervised weight loss program throughout 2012 and 2013; left and right wrist ganglion cyst excision surgeries; adjuvant medications; multiple dental procedures; and extensive periods of time off of work. The request is for Duexis 26.6/800mg #90 with 5 refills.

Duexis is a combination of Pepcid and Motrin. The MTUS Chronic Pain Guidelines endorse switching to a different non-steroidal anti-inflammatory drug (NSAID) and/or considering an H2 receptor antagonist in the case of NSAID-induced dyspepsia. The employee has developed dyspepsia through the usage of Motrin. The documentation submitted does not include evidence of a Duexis trial. Without evidence of a trial, there is little support for a six-month supply of Duexis. The request for Duexis 26.6/800mg #90 with 5 refills is not medically necessary and appropriate.

**5) Regarding the request for 6 visits to Jenny Craig for continued weight loss:**

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

The Claims Administrator based its decision on Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2005 Apr 5;142(7):525-31. [36 references], which is a medical treatment guideline 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 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 4/21/12. Per medical records submitted and reviewed, the employee reports multifocal neck, left knee, and right shoulder pain with attendant paresthesias about the right hand. Treatment to date has included: analgesic medications; a supervised weight loss program throughout 2012 and 2013; left and right wrist ganglion cyst excision surgeries; adjuvant medications; multiple dental procedures; and extensive periods of time off of work. The request is for 6 visits to Jenny Craig for continued weight loss.

The medical records submitted and reviewed indicate the employee has had several prior visits to Jenny Craig. The records do not include any evidence of successful weight loss following completion of the same. The employee has failed to demonstrate improved performance of activities of daily living, improved work status, diminished work restrictions, and/or diminished reliance on medical treatment following completion of the prior weight loss program. The request for 6 visits to Jenny Craig for continued weight loss 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, 18<sup>th</sup> 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.