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**Notice of Independent Medical Review Determination**

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 2/18/2011  
IMR Application Received: 7/15/2013  
MAXIMUS Case Number: CM13-0001575

- 1) MAXIMUS Federal Services, Inc. has determined the request for a TENS unit for the right hip **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an extension for 12 physical therapy sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone 10/325mg #200 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #240 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Folic Acid 1mg #30 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Lorazepam 1mg #60 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Pantoprazole 40mg #30 **is not medically necessary and appropriate.**

- 8) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm patches #30 **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Zolpidem 10mg #30 **is not medically necessary and appropriate.**
- 10)MAXIMUS Federal Services, Inc. has determined the request for Senalax 8.6mg #60 **is medically necessary and appropriate.**
- 11)MAXIMUS Federal Services, Inc. has determined the request for Ferrous Sulfate 325mg #60 **is medically necessary and appropriate.**
- 12)MAXIMUS Federal Services, Inc. has determined the request for Vitamin C 250mg #60 **is medically necessary and appropriate.**
- 13)MAXIMUS Federal Services, Inc. has determined the request for Vitamin B12 100mg #30 **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/5/2013 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 a TENS unit for the right hip **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an extension for 12 physical therapy sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone 10/325mg #200 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #240 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Folic Acid 1mg #30 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Lorazepam 1mg #60 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Pantoprazole 40mg #30 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm patches #30 **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Zolpidem 10mg #30 **is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for Senalax 8.6mg #60 **is medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the request for Ferrous Sulfate 325mg #60 **is medically necessary and appropriate.**
- 12) MAXIMUS Federal Services, Inc. has determined the request for Vitamin C 250mg #60 **is medically necessary and appropriate.**
- 13) MAXIMUS Federal Services, Inc. has determined the request for Vitamin B12 100mg #30 **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 Physical Medicine and Rehabilitation 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 Summary:** This 53-year-old female sustained a work-related injury on 2/18/11. The mechanism of injury occurred when a tree fell on the patient. The current diagnoses included status post right hip replacement revision, right shoulder derangement, and posttraumatic stress disorder. According to the doctor's note dated 6/18/13, the patient had complaints of right hip pain, right leg pain, right shoulder pain, right foot pain, stress, depression and fatigue. The patient stated that pain goes up to 10/10 on pain scale and had pain with ambulation. Physical examination revealed restricted range of motion (ROM) of the right hip and right shoulder, and gait with minimal right hip flexion. The current medication list included Tramadol, Gabapentin, Folic acid, Lorazepam, Pantoprazole, Lidoderm patches, Zolpidem, Docusate, Sennalax, Ferrous Sulphate, Vitamin C, and Vitamin B12. Any diagnostic imaging study report was not specified in the records provided. She was status post right hip arthroplasty and revision of right hip arthroplasty performed in October 2012. Any operative note was not specified in the records provided. She had 24 physical therapy for this injury without improvement. Treatment plan included to continue medications and physical therapy; orthotics; re-evaluation of right shoulder injury; treatment for posttraumatic stress disorder/depression; and transcutaneous electrical nerve stimulation (TENS) unit.

### **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 from Claims Administrator
- California Medical Treatment Utilization Schedule (MTUS)
- Medical records from Claims Administrator

#### **1) Regarding the request for a TENS unit for the right hip:**

##### 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 114-116, 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee was injured on 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for a TENS unit for the right hip.

The MTUS Chronic Pain Guidelines include criteria for TENS unit use. The employee meets some of the criteria, but not all. Specifically, the medical records submitted and reviewed do not indicate whether the employee has had a trial period of TENS use. Also, there was no description of the TENS unit itself and no treatment goals for the TENS. A physician's report dated 6/18/2013 states "Needs TENS unit" but there is no supporting rationale. The documentation submitted does not support the request. The request for a TENS unit for the right hip is not medically necessary and appropriate.

## **2) Regarding the request for an extension for 12 physical therapy sessions:**

### 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 98-99, 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee was injured on 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On

10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for an extension for 12 physical therapy sessions.

The request submitted by the provider on 6/24/2013 is for an extension of 12 physical therapy sessions that were already authorized on 4/18/13 and 6/16/13. The request for authorization (RFA) submitted by the provider states the employee was authorized for 12, but only used 9 visits. The documents submitted are inconsistent. The current RFA for 12 sessions is different from the RFA dated 4/17/13, which was for a date extension of 6 sessions. The information in the utilization review case summary states the employee has had 24 physical therapy sessions with no benefit, which contradicts what the employee's surgeon stated on his 1/14/2013 report. The surgeon noted the employee was making progress with physical therapy, but missed a few appointments.

At this point in time 12 physical therapy sessions are outside of the postsurgical treatment timeframe. Also, the 12 sessions are not in accordance with the MTUS Chronic Pain Guidelines. There was no discussion of reflex sympathetic dystrophy (RSD) and guideline recommends 8-10 sessions for conditions other than RSD including unspecified conditions and myalgia or neuralgia. The request for an extension for 12 physical therapy sessions is not medically necessary and appropriate.

### **3) Regarding the request for Hydrocodone 10/325mg #200:**

#### 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 76-78, 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 (2009), pages 11, 88-89, and 94, which are part of the MTUS.

#### Rationale for the Decision:

The employee was injured on 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip

hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Hydrocodone 10/325mg #200.

The employee has been on opioids for more than 6 months. The MTUS Chronic Pain Guidelines section regarding opioid use for 6 months or more indicates treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition. The hospital records submitted show Norco was not effective by itself and oxycodone was recommended. Tramadol was later added, and the combination of Norco and tramadol was found to be beneficial. The request for Hydrocodone 10/325mg #200 is medically necessary and appropriate.

#### **4) Regarding the request for Tramadol 50mg #240:**

##### 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 75 and 82, 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 (2009), pages 11, 88-89, and 94, which are part of the MTUS.

##### Rationale for the Decision:

The employee was injured on 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and

Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Tramadol 50mg #240.

The employee has been on opioids for more than 6 months. The MTUS Chronic Pain Guidelines section regarding opioid use for 6 months or more indicates treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition. The hospital records submitted show Norco was not effective by itself and oxycodone was recommended. Tramadol was later added, and the combination of Norco and tramadol was found to be beneficial. The request for Tramadol 50mg #240 is medically necessary and appropriate.

#### **5) Regarding the request for Folic Acid 1mg #30:**

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

The Claims Administrator based its decision on the FDA labeled indication for Folic Acid, which is a nationally-recognized professional standard 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 issue in dispute and was unable to find an applicable medical treatment guideline. The Expert Reviewer found the evidence-based criteria used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

##### Rationale for the Decision:

The employee was injured on 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Folic Acid 1mg #30.

The records document the complication from the 10/24/12 revision hip surgery, with development of acute anemia from postsurgical blood loss requiring a blood transfusion. The employee was prescribed supplements, including folic acid, to manage the anemia. The request for Folic Acid 1mg #30 is medically necessary and appropriate.

**6) Regarding the request for Lorazepam 1mg #60:**

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 24, 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 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Lorazepam 1mg #60.

The medical records submitted indicate the employee was given Lorazepam for work-related anxiety in 2012. Lorazepam is a benzodiazepine. The MTUS Chronic Pain Guidelines do not recommend using benzodiazepines longer than 4 weeks because long-term efficacy is unproven and there is a risk of dependence. The current request exceeds the guideline recommendation for benzodiazepine use and there is no rationale to support deviating from the guideline recommendation. The request for Lorazepam 1mg #60 is not medically necessary and appropriate.

## **7) Regarding the request for Pantoprazole 40mg #30:**

### 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 68-69, 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee was injured on 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Pantoprazole 40mg #30.

The records show that pantoprazole was initially given to the employee for postoperative nausea. It was continued by the hospital for gastrointestinal (GI) prophylaxis. The employee was on Lovenox for deep vein thrombosis prophylaxis, and there was no mention of prior GI issues listed under the hospital's review of systems sheet. Per the records submitted, it does not appear that the employee is currently using a non-steroidal anti-inflammatory drug. There is no discussion as to what current medication was felt to cause dyspepsia. The MTUS Chronic Pain Guideline recommends proton pump inhibitors for patients at risk for GI events, but the employee has not been shown to have any of the GI risk factors listed under the guideline criteria. The request for Pantoprazole 40mg #30 is not medically necessary and appropriate.

## **8) Regarding the request for Lidoderm patches #30:**

### 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 56-57 and 111-112, 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Lidoderm patches #30.

The MTUS Chronic Pain Guidelines indicated Lidoderm patches may be appropriate for neuropathic pain after a trial of tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors, or antiepileptic drugs. The MTUS Chronic Pain Guidelines also indicate continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. The employee had neuropathic component of pain down the right leg and was treated with gabapentin and Lidoderm patches. The records submitted did not include a physician evaluation of progress with Lidoderm patches. Guideline criteria for continuation of Lidoderm patches are not met. The request for Lidoderm patches #30 is not medically necessary and appropriate.

**9) Regarding the request for Zolpidem 10mg #30:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Pain Chapter, Zolpidem section, 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 determined that the MTUS does not address the issue in dispute. 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 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Zolpidem 10mg #30.

The hospital records indicate Ambien (Zolpidem) was being used for sleep disturbance in October 2012. Zolpidem is a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The records submitted did not include a current discussion of efficacy or rationale for using Ambien beyond the MTUS recommendations. The request for Zolpidem 10mg #30 is not medically necessary and appropriate.

**10)Regarding the request for Senalax 8.6mg #60:**

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 77, 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 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood

transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Senalax 8.6mg #60.

The hospital records noted problems with constipation. Senna, Senokot and Colace were used for constipation secondary to the opiate analgesics. The employee is currently still using Norco and tramadol. The MTUS Chronic Pain Guidelines indicate that upon initiating opioids, prophylactic treatment of constipation should be initiated. The request is in accordance with MTUS. The request for Senalax 8.6mg #60 is medically necessary and appropriate.

#### **11) Regarding the request for Ferrous Sulfate 325mg #60:**

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

The Claims Administrator based its decision on the FDA labeled indication for Ferrous Sulfate, which is a nationally-recognized professional standard 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 issue in dispute and was unable to find an applicable medical treatment guideline. The Expert Reviewer found the evidence-based criteria used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

##### Rationale for the Decision:

The employee was injured on 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal

ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Ferrous Sulfate 325mg #60.

The records show that after the employee's surgery on 10/24/12, there were complications of postsurgical acute anemia that required a blood transfusion. At the hospital, the employee was initially prescribed B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for management of the anemia. This is one of the indications on the guideline. The request for Ferrous Sulfate 325mg #60 is medically necessary and appropriate.

## **12)Regarding the request for Vitamin C 250mg #60:**

### 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), which is part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The Claims Administrator also cited the FDA labeled indication for Ascorbic Acid, which is a nationally-recognized professional standard that is not part of the 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 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Vitamin C 250mg #60.

The records show that after the employee's revision right hip hemiarthroplasty to total arthroplasty surgery on 10/24/12, there were complications of postsurgical blood loss/acute anemia that required a blood transfusion. At the hospital, the employee was initially prescribed B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for management of the anemia. The records also note a history of smoking which can increase the risk of vitamin

C anemia. The employee was placed on nicotine patches for smoking cessation and prescribed supplements to manage anemia. This is in accordance with the labeling guideline listed. The request for Vitamin C 250mg #60 is medically necessary and appropriate.

**13) Regarding the request for Vitamin B12 100mg #30:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Pain Chapter, Vitamin B section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the FDA labeled indication for Vitamin B12, which is a nationally-recognized professional standard that is not part of the 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 2/18/2011 after falling from a tree and experienced fractures in the ribs and right femoral neck. A medical note dated 6/18/2013 also indicates the employee has experienced stress, depression, fatigue, and pain rated 6 to 10 out of 10 in the right hip, leg, foot, and shoulder. The employee underwent open reduction, internal fixation for the femur and right hip hemiarthroplasty. Pain persisted at 7 to 10 out of 10 for over a year and the employee was found to have failed hemiarthroplasty and chondrolysis. On 10/24/2012 the employee underwent total hip arthroplasty which was complicated by acute anemia from postsurgical blood loss and required a blood transfusion. The employee was admitted to the hospital on 10/31/2012 for acute inpatient rehabilitation and was given B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for anemia management. Medications have included the following: Lovenox for deep vein thrombosis; Protonix for gastrointestinal prophylaxis and postoperative nausea; Colace and Senokot for constipation; Ambien for difficulty sleeping; nicotine patches for smoking cessation; Avitan patches for post-traumatic stress disorder; and Norco, oxycodone, and tramadol, Gabapentin, and Lidoderm patches for pain. Suicidal ideation was also noted. Treatment has included prior physical therapy. A request was submitted for Vitamin B12 100mg #30.

The records show that after the employee’s revision right hip hemiarthroplasty to total arthroplasty surgery on 10/24/12, there were complications of postsurgical blood loss/acute anemia that required a blood transfusion. At the hospital, the employee was initially prescribed B and C vitamins and iron (folic acid, cyanocobalamin, ascorbic acid, ferrous sulfate) for management of the anemia. The patient was prescribed the supplements to manage anemia. This is one of the indications on the guideline. The request for Vitamin B12 100mg #30 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  
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/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.