
Notice of Independent Medical Review Determination

Dated: 10/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	12/1/2004
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001640

- 1) MAXIMUS Federal Services, Inc. has determined the requested prescription Celebrex capsules 200mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested prescription Lidoderm 5% patch #360 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested prescription Prilosec 40mg #180 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested prescription Soma 350mg #120 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested Biofreeze pain relieving gel #1 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 requested prescription Celebrex capsules 200mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested prescription Lidoderm 5% patch #360 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested prescription Prilosec 40mg #180 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested prescription Soma 350mg #120 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested Biofreeze pain relieving gel #1 **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, 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 9, 2013:

"Employee is a 51 year old female Aide who sustained injury when she moved out of the way to avoid being bitten by a special needs student on date of injury 12/1/2004. The carrier has accepted the claim for the cervical spine."

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 (dated 7/16/2013)
- Utilization Review from [REDACTED] (dated 7/8/2013)
- Medical Records from [REDACTED] (dated 6/27/12 through 6/27/13)
- Medical Treatment Utilization Schedule

1) Regarding the request for prescription Celebrex capsules 200mg #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) pg 68, which is part 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 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on December 1, 2004 to the cervical spine when the employee moved out of the way from being bitten by a special needs student. Treatments have included chiropractic manipulation, massage therapy, and medication management. The request is for Celebrex capsules 200 mg #30.

The MTUS Chronic Pain guidelines indicate Celebrex for acute exacerbations, but chronic use is not recommended. The medical records submitted indicate that the employee has been on Celebrex since June 27, 2012. However, no laboratory evaluations for liver or kidney function were found in the records to see if the side effects of this medication were being monitored. The request for Celebrex capsules 200 mg #30 is not medically necessary and appropriate.

2) Regarding the request for prescription Lidoderm 5% patch #360 :

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) Topical Analgesics pg. 111-113, which is part 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 relevant and appropriate for the employee's clinical circumstance, and in addition, also cited Chronic Pain Medical Treatment Guidelines (2009), pg. 56-57, which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on December 1, 2004 to the cervical spine when the employee moved out of the way from being bitten by a special needs student. Treatments have included chiropractic manipulation, massage therapy, and medication management. The request is for prescription Lidoderm 5% patch #360.

The California MTUS Chronic Pain guidelines recommend the use of Lidocaine patch for localized peripheral neuropathic pain after there was evidence of a trial of first-line therapy. The medical records submitted do not indicate that the employee was prescribed the first-line of therapy inclusive of tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant or failure of

antiepileptic drug (AED). The clinical notes also fail to describe any evidence of neuropathic pain. Therefore, the request for prescription Lidoderm 5% patch #360 is not medically necessary and appropriate.

3) Regarding the request for prescription Prilosec 40mg #180:

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) pg. 68, which is part 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 relevant and appropriate for the employee's clinical circumstance, and in addition cited Chronic Pain Medical Treatment Guidelines (2009) pg. 69, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on December 1, 2004 to the cervical spine when the employee moved out of the way from being bitten by a special needs student. Treatments have included chiropractic manipulation, massage therapy, and medication management. The request is for prescription Prilosec 40 mg #180.

The MTUS Chronic Pain Medical Treatment Guidelines recommend Prilosec for protection of gastrointestinal (GI) irritability secondary to the use of NSAIDs. The employee's medical records fail to provide the evidence of non-steroidal anti-inflammatory drug (NSAID) use and/or the documentation of any GI events. Therefore, the request for prescription Prilosec 40 mg #180 is not medically necessary and appropriate.

4) Regarding the request for prescription Soma 350mg #120:

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) pg. 29, which is part 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 relevant and appropriate for the employee's clinical circumstance, and in addition, cited the Chronic Pain Medical Treatment Guidelines (2009) pg. 124 Carisoprodol, which is part of MTUS,

Rationale for the Decision:

The employee sustained a work-related injury on December 1, 2004 to the cervical spine when the employee moved out of the way from being bitten by a special needs student. Treatments have included chiropractic manipulation, massage therapy, and medication management. The request is for prescription Soma 350 mg #120.

The MTUS Chronic Pain Medical Treatment Guidelines do not indicate Soma for long-term use. The employee's medical records indicate that the employee has been on this medication for almost a year, and the records fail to provide the effectiveness of this medication. Therefore the request for prescription Soma 350 mg #120 is not medically necessary and appropriate.

5) Regarding the request for Biofreeze pain relieving gel #1:

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) pg 111, which is part 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 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on December 1, 2004 to the cervical spine when the employee moved out of the way from being bitten by a special needs student. Treatments have included chiropractic manipulation, massage therapy, and medication management. The request is for Biofreeze pain relieving gel #1.

The MTUS Chronic Pain Medical Treatment Guidelines do indicate that a hot or cold gel pack may be more effective than a menthol topical ointment. Review of the medical records submitted do not demonstrate the efficacy of this ointment. The request for Biofreeze pain relieving gel #1 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

/hs

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.