

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

Dated: 9/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/10/2013  
Date of Injury: 10/1/2011  
IMR Application Received: 7/16/2013  
MAXIMUS Case Number: CM13-0001659

- 1) MAXIMUS Federal Services, Inc. has determined the requested cervical epidural steroid injection at C5-C6 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested (retrospective) Pantoprazole **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested (retrospective) Teracin topical (strength and quantity unspecified) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested (retrospective) Naproxen sodium tablets (strength and quantity unspecified) **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested (retrospective) Cyclobenzaprine **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 7/10/2013. 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 request for cervical epidural steroid injection at C5-C6 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for (retrospective) Pantoprazole (strength and quantity unspecified) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for (retrospective) Teracin Topical (strength and quantity unspecified) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for (retrospective) Naproxen sodium tablets (strength and quantity unspecified) **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for (retrospective) Cyclobenzaprine (strength and quantity unspecified) **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 June 10, 2013

"[REDACTED] is a 58 year old (DOB: 07/12/56) female Psych Tech for [REDACTED] who was assaulted on 10/01/11. Carrier has accepted this following body parts on this claim: mental/physical, soft tissue neck, and upper back area. She is not working."

## 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 Determination provided by [REDACTED] dated 7/10/2013
- Medical Records from 7/02/2012 through 6/28/2013
- Chronic Pain Medical Treatment Guidelines, 2009, Topical Analgesics, page 112
- Chronic Pain Medical Treatment Guidelines, 2009, Cyclobenzaprine, page 41
- Chronic Pain Medical Treatment Guidelines, 2009, NSAIDS, Naproxen, pages 67-73
- Official Disability Guidelines, Current Version, Pain Chapter, Proton Pump Inhibitors (PPI), Pantoprazole
- ACOEM Guidelines, 2004, 2<sup>nd</sup> Edition, Neck and Upper Back Complaints, Injections, pages 175 & 181

### 1) Regarding the request for cervical epidural steroid injection at C5-C6:

#### 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), 2<sup>nd</sup> Edition, 2004, Neck and Upper Back Complaints, Injections, pages 175 & 181, of the 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 was not applicable and relevant to the issue at dispute. The Expert Reviewer found the MTUS, Chronic Pain Medical Treatment Guidelines, 2009, Epidural Steroid Injections, page 46 was applicable and relevant to the issue at dispute.

#### Rationale for the Decision:

The employee injured the neck, shoulders, back, and arms on 10/01/2013. The submitted and reviewed records indicate that the employee has had X-Rays, MRIs, an EMG, physical therapy, acupuncture, and pain medications to date. The most recent medical report reviewed, dated 6/25/2013, indicated the employee continued to have cranial headaches with pain radiating into the right arm. A request was submitted for cervical epidural steroid injection at C5-C6, retrospective Pantoprazole (strength and quantity unspecified), retrospective Teracin Topical (strength and quantity unspecified), retrospective Naproxen sodium tablets (strength and quantity unspecified), and retrospective Cyclobenzaprine (strength and quantity unspecified).

The MTUS Chronic Pain Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies, prior to epidural steroid injections. The submitted medical records do not document imaging or electrodiagnostic findings, and the physical exam findings are not consistent with radiculopathy at the proposed

treatment level. The request for cervical epidural steroid injection at C5-C6 is not medically necessary and appropriate.

**2) Regarding the request for (retrospective) Pantoprazole (strength and quantity unspecified) :**

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), Current Version, Pain Chapter, Proton Pump Inhibitors (PPI), Pantoprazole, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. 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 neck, shoulders, back, and arms on 10/01/2013. The submitted and reviewed records indicate that the employee has had X-Rays, MRIs, an EMG, physical therapy, acupuncture, and pain medications to date. The most recent medical report reviewed, dated 6/25/2013, indicated the employee continued to have cranial headaches with pain radiating into the right arm. A request was submitted for cervical epidural steroid injection at C5-C6, retrospective Pantoprazole (strength and quantity unspecified), retrospective Teracin Topical (strength and quantity unspecified), retrospective Naproxen sodium tablets (strength and quantity unspecified), and retrospective Cyclobenzaprine (strength and quantity unspecified).

The Official Disability Guidelines states that Proton Pump Inhibitors (PPI) is “recommended for patients at risk for gastrointestinal events”. The request does not indicate the strength or quantity of the medication being requested. The reviewed medical records contain no documentation that the employee is at risk or has symptoms of gastrointestinal issues. The request for (retrospective) Pantoprazole is not medically necessary and appropriate.

**3) Regarding the request for (retrospective) Teracin Topical (strength and quantity unspecified):**

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, page 112, 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 neck, shoulders, back, and arms on 10/01/2013. The submitted and reviewed records indicate that the employee has had X-Rays, MRIs, an EMG, physical therapy, acupuncture, and pain medications to date. The most recent medical report reviewed, dated 6/25/2013, indicated the employee continued to have cranial headaches with pain radiating into the right arm. A request was submitted for cervical epidural steroid injection at C5-C6, retrospective Pantoprazole (strength and quantity unspecified), retrospective Teracin Topical (strength and quantity unspecified), retrospective Naproxen sodium tablets (strength and quantity unspecified), and retrospective Cyclobenzaprine (strength and quantity unspecified).

The MTUS Chronic Pain Guidelines indicate that when one component of a compounded medication is not recommended then it is not recommended. Teracin contains Lidocaine, which is only recommended after there has been a trial of first-line therapy such as gabapentin or Lyrica. There is a lack of documentation that the employee has failed first-line medication for neuropathic pain. The request for (retrospective) Teracin Topical is not medically necessary and appropriate.

**4) Regarding the request for (retrospective) Naproxen sodium tablets (strength and quantity not specified):**

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, NSAIDS, Naproxen, pages 67-73, 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the neck, shoulders, back, and arms on 10/01/2013. The submitted and reviewed records indicate that the employee has had X-Rays, MRIs, an EMG, physical therapy, acupuncture, and pain medications to date. The most recent medical report reviewed, dated 6/25/2013, indicated the employee continued to have cranial headaches with pain radiating into the right arm. A request was submitted for cervical epidural steroid injection at C5-C6, retrospective Pantoprazole (strength and quantity unspecified), retrospective Teracin Topical (strength and quantity unspecified), retrospective Naproxen sodium tablets (strength and quantity unspecified), and retrospective Cyclobenzaprine (strength and quantity unspecified).

The MTUS Chronic Pain Guidelines indicate that NSAIDS, including Naproxen, are recommended at the lowest dosage for the shortest period of time in patients with moderate to severe pain. The reviewed medical records do not rate the employee's pain level on the Visual Analog Scale (VAS) and the medication being requested does not include the strength or quantity. Lacking the strength or quantity of the requested medication, it is not clear if the request would be at the

lowest dose and shortest period of time. The request for (retrospective) Naproxen sodium tablets, is not medically necessary and appropriate.

**5) Regarding the request for retrospective Cyclobenzaprine (strength and quantity not specified):**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 2009, Cyclobenzaprine, page 41, 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 neck, shoulders, back, and arms on 10/01/2013. The submitted and reviewed records indicate that the employee has had X-Rays, MRIs, an EMG, physical therapy, acupuncture, and pain medications to date. The most recent medical report reviewed, dated 6/25/2013, indicated the employee continued to have cranial headaches with pain radiating into the right arm. A request was submitted for cervical epidural steroid injection at C5-C6, retrospective Pantoprazole (strength and quantity unspecified), retrospective Teracin Topical (strength and quantity unspecified), retrospective Naproxen sodium tablets (strength and quantity unspecified), and retrospective Cyclobenzaprine (strength and quantity unspecified).

The MTUS Chronic Pain Guidelines recommend Cyclobenzaprine for a short course in muscle spasms. The reviewed medical records do not document findings of muscle spasm or any musculoskeletal condition other than tenderness which would substantiate the utilization of Cyclobenzaprine. The request also does not indicate the strength or quantity desired. The request for Cyclobenzaprine 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.