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**Notice of Independent Medical Review Determination**

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

11/5/2010

7/16/2013

CM13-0001668

- 1) MAXIMUS Federal Services, Inc. has determined the request for Toprophan #60 between 6/19/13 and 8/27/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #90 between 6/19/13 and 8/27/13 **is 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 7/9/2013. 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 Toprophan #60 between 6/19/13 and 8/27/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #90 between 6/19/13 and 8/27/13 **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 & 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

### “Clinical Rationale

The patient is a 40 year old female with a date of injury of 11/5/2010. This prospective request is for Toprophan #60 and Tramadol 50mg #90.

The patient is status post left knee arthroscopy anterior cruciate ligament allograft, medial meniscus repair, partial lateral meniscectomy, medial patellofemoral ligament reconstruction, chondroplasty, lateral release, and medial collateral ligament reconstruction.

A re-evaluation on 6/19/2013 with [REDACTED], MD the patient complained of left knee pain (illegible) and low back pain. Examination findings included: blood pressure 139/90; weight 281 pounds; cognition intact; difficulty rising from sitting; antalgic gait using cane.

The patient underwent a left knee arthrogram on 6/10/2013 which was reported by [REDACTED], MD to demonstrate postoperative changes compatible with prior medial patellofemoral ligament reconstruction; tricompartment chondromalacia, most prominent at the lateral patellar facet and along the weight bearing surface of the medial and lateral femoral condyle; mild increased signal intensity within the posterior horn of the medial meniscus extending to the inferior articular surface which may represent a very subtle tear; popliteal cyst at the posteromedial aspect of knee.”

## **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 (received 7/16/13)
- Utilization Review Determination from [REDACTED] (dated 7/9/13)
- Medical Records from the Claims Administrator (dated 4/25/13 – 7/10/13)
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for Toprophan #60 between 6/19/13 and 8/27/13:**

#### 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, (current edition), Pain (acute and chronic), Insomnia Section, 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 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 11/05/2010 in a trip and fall incident. The submitted and reviewed medical records document knee pain and left knee surgery on 1/12/11 for multiple ligament repairs. The submitted records indicate diagnoses include lumbar spine strain/sprain, status post left knee arthroscopy and obesity. Prior treatment has included medications. A request was submitted for Toprophan #60 between 6/19/13 and 8/27/13.

Official Disability Guidelines (ODG) do not reference Toprophan. However, ODG notes medications for insomnia should be based on the etiology of the sleep problem. Toprophan is composed of melatonin, tryptophan, valerian, chamomile, niacin, inositol and B6. The submitted records do not include laboratory values indicating low niacin or B6 levels, and valerian and chamomile are not classified as drugs. This product contains several components that cannot be recommended for the treatment of any condition. The request for Toprophan #60 between 6/19/13 and 8/27/13 is not medically necessary and appropriate.

### **2) Regarding the request for Tramadol 50mg #90 between 6/19/13 and 8/27/13:**

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

The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Opioids, pg. 82, part of the Medical Treatment Utilization Schedule (MTUS) applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee was injured on 11/05/2010 when she slipped and fell. The records document knee pain and left knee surgery on 1/12/11 for multiple ligament repairs. The diagnoses include lumbar spine strain/sprain, status post left knee arthroscopy and obesity. Prior treatment has included medications. A request was submitted for Tramadol 50mg #90 between 6/19/13 and 8/27/13.

MTUS Chronic Pain guidelines state Tramadol is not recommended as first-line treatment. The medical records submitted and reviewed indicate that the employee has tried morphine, hydrocodone, cyclobenzaprine, nonsteroidal anti-inflammatory medications, injections, physical therapy, and surgery. Therefore, the use of Tramadol is not a first-line therapy in this setting. The records indicate the employee continues to experience low back pain and knee pain. The request for Tramadol is in accordance with MTUS guidelines. The request for Tramadol 50mg #90 between 6/19/13 and 8/27/13 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/srb

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.