

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

07/9/2013

10/14/2011

7/18/2013

CM13-0001964

- 1) MAXIMUS Federal Services, Inc. has determined the request for **urine drug screen is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol ER is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Medrox Ointment is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 **urine drug screen is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol ER is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Medrox Ointment 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 Family Practice, has a subspecialty in ABMP 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.

Expert Reviewer Case Summary:

The claimant is a 55 yr. old male who sustained an injury on 10/14/11 with resultant cervical discopathy, lumbar discopathy and shoulder injury. Since at least September 2012, the claimant has been receiving a Non-Steroidal Anti-Inflammatory Drug (Naproxen) and Medrox for pain. A progress note in April 23, 2013 indicated the claimant had persistent shoulder pain and Naproxen offered temporary relief. At the time Tramadol and Medrox were prescribed along with a urine drug screen to ensure drug compliance. The Naproxen was continued. The patient had arthroscopic surgery of the right shoulder on 5/18/2012. A follow up appointment on 5/28/13 showed essentially an unchanged exam from a previous visit. The physical findings included: right shoulder impingement and weakness, cervical paravertebral spasms, and pain in terminal motion of the lumbar spine. Another urine drug screen was ordered with the addition of cyclobenzaprine (for muscle relaxation) to the prior pain medications. A June 17, 2013 physician note indicated continued shoulder pain and recommendation for a joint replacement due to arthritis. A urine drug screen that day indicated results consistent with medication use.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for urine drug screen :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS guidelines, which is part of the MTUS, and the Official Disability Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Opioids pages 90-95, which is part of the MTUS, and the Official Disability Guidelines section on Urine Drug Screen, which is not part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Pain Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to a prescription medication program. There is no documentation from the provider in the medical records provided for review to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse, or other inappropriate activity. Furthermore, the MTUS Chronic Pain Guidelines recommend that screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. **The request for urine drug screen is not medically necessary and appropriate.**

2) Regarding the request for Naproxen :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Non-Steroidal Anti-Inflammatory Drugs, which is part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Pain Guidelines, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are recommended at the lowest doses for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. The use of NSAIDs for acute exacerbations of low back pain is recommended as a second-line treatment to acetaminophen. The medical records provided for review suggest the employee has experienced minimal improvement in exam findings. **The request for Naproxen is not medically necessary and appropriate.**

3) Regarding the request for Tramadol ER :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS, and the FDA, http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/021692s005s007lbl.pdf, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Opioids, pages 79-83, which is part of the MTUS.

Rationale for the Decision:

Tramadol is an opioid. According to the MTUS Chronic Pain Guidelines opioids are not indicated as first-line therapy for chronic back pain. Tramadol is recommended for a trial basis for short-term use. The medical records provided for review contain no documentation of pain response from the medication. **The request for Tramadol ER is not medically necessary and appropriate.**

4) Regarding the request for Medrox Ointment :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Topical Analgesics pages 111-113, which is part of the MTUS.

Rationale for the Decision:

Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. According to the MTUS Chronic Pain Guidelines, there is very little to no research to support the use of many compounded agents. Capsaicin is generally available in formulations of 0.025%. An increase over this amount has not been shown to be beneficial. In the supporting documentation provided for review, the employee has been prescribed Medrox, which contains a higher amount of Capsaicin than is medically necessary.

As per the MTUS Chronic Pain Guidelines, “any compounded medication that contains a medication that is not recommended is not recommended.” **The request for Medrox ointment 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/MCC

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.