
Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 9/1/2010
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0002173

- 1) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin/Flurbiprofen/Methyl Salicylate **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flurbiprofen/Tramadol **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Ibuprofen **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Pantoprazole 20mg times 2 month supply **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium 500mg times 2 month supply **is 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 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 Capsaicin/Flurbiprofen/Methyl Salicylate **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flurbiprofen/Tramadol **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Ibuprofen **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Pantoprazole 20mg times 2 month supply **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium 500mg times 2 month supply **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 Orthopedic Surgery 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 1, 2013:

“Submitted documentations reflect that the claimant complains of constant moderate dull, achy, sharp neck pain, stiffness, tingling and weakness, aggravated by looking up and down, pain severity is 8/10 today. Examination of the cervical spine reveals decreased and painful ranges of motion. There is + 3 tenderness to palpation of the cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. The claimant complains of intermittent moderate dull, achy, sharp right shoulder pain. Cervical compression is positive. Examination of the right shoulder reveals decreased and painful ranges of motion. There is + 3 tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and supraspinatus. Supraspinatus press is positive.”

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 7/18/2013)
- Utilization Review Determination from [REDACTED] (date 7/1/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Capsaicin/Flurbiprofen/Methyl Salicylate:

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 Analgesic Section, 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 9/1/2010. On 10/20/2012, an MRI of the cervical spine revealed straightening of the cervical spine, disc desiccation throughout the cervical spine, spondylitic changes throughout the cervical spine, and a reduced disc height at C6-7. There was a diffuse disc protrusion at C3-4 indenting the thecal sac and spinal cord and stenosis was seen in left neural foramen. At C4-5, there was a diffuse disc protrusion indenting the thecal sac and spinal cord and stenosis at the bilateral neural foramina was noted effacing the right and encroaching upon the left C5 exiting nerve root. At C5-6, there was a diffuse disc protrusion effacing the thecal sac and spinal cord as well as bilateral neural foraminal narrowing. At C6-7, there was a similar diffuse disc protrusion effacing the thecal sac but the exiting nerve roots at C7 were thought to be unremarkable. A grade 1 retrolisthesis at C5 over C6 was noted. On 11/14/2012, the employee requested home exercise kit for cervical spine to decrease his pain and increase his range of motion. On 2/7/2013, the provider noted the employee was to go to physical therapy two times a week for six weeks and was considered for a possible cervical epidural steroid injection. On 4/25/2013, the provider noted that he was continuing with work conditioning and he was referred for medication management. A request was submitted for Capsaicin/Flurbiprofen/Methyl Salicylate.

The MTUS Chronic Pain Guidelines indicate there is lack of significant scientific studies demonstrating the efficacy of this type of medication. The guidelines state that topical analgesics are recommended as an option in certain circumstances, but they are largely experimental with few randomized control trials to determine efficacy or safety. The records submitted and reviewed failed to demonstrate that this medication has actually been prescribed or used and fails to demonstrate the efficacy of this medication. Lacking documentation of efficacy and lacking documentation that the guidelines would support this medication, this request is not considered medically necessary. The request for

Capsaicin/Flurbiprofen/Methyl Salicylate **is not medically necessary and appropriate.**

2) Regarding the request for Flurbiprofen/Tramadol:

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 Section, 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 9/1/2010. On 10/20/2012, an MRI of the cervical spine revealed straightening of the cervical spine, disc desiccation throughout the cervical spine, spondylitic changes throughout the cervical spine, and a reduced disc height at C6-7. There was a diffuse disc protrusion at C3-4 indenting the thecal sac and spinal cord and stenosis was seen in left neural foramen. At C4-5, there was a diffuse disc protrusion indenting the thecal sac and spinal cord and stenosis at the bilateral neural foramina was noted effacing the right and encroaching upon the left C5 exiting nerve root. At C5-6, there was a diffuse disc protrusion effacing the thecal sac and spinal cord as well as bilateral neural foraminal narrowing. At C6-7, there was a similar diffuse disc protrusion effacing the thecal sac but the exiting nerve roots at C7 were thought to be unremarkable. A grade 1 retrolisthesis at C5 over C6 was noted. On 11/14/2012, the employee requested home exercise kit for cervical spine to decrease his pain and increase his range of motion. On 2/7/2013, the provider noted the employee was to go to physical therapy two times a week for six weeks and was considered for a possible cervical epidural steroid injection. On 4/25/2013, the provider noted that he was continuing with work conditioning and he was referred for medication management. A request was submitted for Flurbiprofen/Tramadol.

The MTUS Chronic Pain Guidelines require documentation including evidence of failed trials of lesser medications. As there is lack of documentation of significant need for this medication and lack of documentation of efficacy that it has been prescribed, this request is not supported as medically necessary. Therefore, the request for Flurbiprofen/Tramadol **is not medically necessary and appropriate.**

3) Regarding the request for Ibuprofen:

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), Non-Steroidal Anti-Inflammatory Drugs Section, 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 9/1/2010. On 10/20/2012, an MRI of the cervical spine revealed straightening of the cervical spine, disc desiccation throughout the cervical spine, spondylitic changes throughout the cervical spine, and a reduced disc height at C6-7. There was a diffuse disc protrusion at C3-4 indenting the thecal sac and spinal cord and stenosis was seen in left neural foramen. At C4-5, there was a diffuse disc protrusion indenting the thecal sac and spinal cord and stenosis at the bilateral neural foramina was noted effacing the right and encroaching upon the left C5 exiting nerve root. At C5-6, there was a diffuse disc protrusion effacing the thecal sac and spinal cord as well as bilateral neural foraminal narrowing. At C6-7, there was a similar diffuse disc protrusion effacing the thecal sac but the exiting nerve roots at C7 were thought to be unremarkable. A grade 1 retrolisthesis at C5 over C6 was noted. On 11/14/2012, the employee requested home exercise kit for cervical spine to decrease his pain and increase his range of motion. On 2/7/2013, the provider noted the employee was to go to physical therapy two times a week for six weeks and was considered for a possible cervical epidural steroid injection. On 4/25/2013, the provider noted that he was continuing with work conditioning and he was referred for medication management. A request was submitted for Ibuprofen.

The MTUS Chronic Pain Guidelines indicate that that if long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of non-steroidal anti-inflammatory drugs (NSAIDs). In addition, the medical records submitted for this review fail to indicate this medication has been prescribed for this employee. Documentation of medical necessity would be required prior to authorizing this request. The request for Ibuprofen **is not medically necessary and appropriate.**

4) Regarding the request for Pantoprazole 20mg times 2 month supply:

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), Non-Steroidal Anti-Inflammatory Drugs Section, 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 9/1/2010. On 10/20/2012, an MRI of the cervical spine revealed straightening of the cervical spine, disc desiccation throughout the cervical spine, spondylitic changes throughout the cervical spine, and a reduced disc height at C6-7. There was a diffuse disc protrusion at C3-4 indenting the thecal sac and spinal cord and stenosis was seen in left neural foramen. At C4-5, there was a diffuse disc protrusion indenting the thecal sac and spinal cord and stenosis at the bilateral neural foramina was noted effacing the right and

encroaching upon the left C5 exiting nerve root. At C5-6, there was a diffuse disc protrusion effacing the thecal sac and spinal cord as well as bilateral neural foraminal narrowing. At C6-7, there was a similar diffuse disc protrusion effacing the thecal sac but the exiting nerve roots at C7 were thought to be unremarkable. A grade 1 retrolisthesis at C5 over C6 was noted. On 11/14/2012, the employee requested home exercise kit for cervical spine to decrease his pain and increase his range of motion. On 2/7/2013, the provider noted the employee was to go to physical therapy two times a week for six weeks and was considered for a possible cervical epidural steroid injection. On 4/25/2013, the provider noted that he was continuing with work conditioning and he was referred for medication management. A request was submitted for Pantoprazole 20mg times 2 month supply.

The MTUS Chronic Pain Guidelines require an indication for Pantoprazole. The medical records submitted and reviewed fail to demonstrate this medication has actually been prescribed for this employee. Documentation of medical necessity, including documentation of previous gastrointestinal (GI) symptoms, current GI symptoms, and/or previous history of significant GI issues such as gastroesophageal reflux disease (GERD), would be required prior to authorizing this request. There is lack of documentation of significant need for this medication. The request for Pantoprazole 20mg times 2 month supply **is not medically necessary and appropriate.**

5) Regarding the request for Naproxen Sodium 500mg times 2 month supply:

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), Non-Steroidal Anti-Inflammatory Drugs Section, 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 9/1/2010. On 10/20/2012, an MRI of the cervical spine revealed straightening of the cervical spine, disc desiccation throughout the cervical spine, spondylitic changes throughout the cervical spine, and a reduced disc height at C6-7. There was a diffuse disc protrusion at C3-4 indenting the thecal sac and spinal cord and stenosis was seen in left neural foramen. At C4-5, there was a diffuse disc protrusion indenting the thecal sac and spinal cord and stenosis at the bilateral neural foramina was noted effacing the right and encroaching upon the left C5 exiting nerve root. At C5-6, there was a diffuse disc protrusion effacing the thecal sac and spinal cord as well as bilateral neural foraminal narrowing. At C6-7, there was a similar diffuse disc protrusion effacing the thecal sac but the exiting nerve roots at C7 were thought to be unremarkable. A grade 1 retrolisthesis at C5 over C6 was noted. On 11/14/2012, the employee requested home exercise kit for cervical spine to decrease his pain and increase his range of motion. On 2/7/2013, the provider noted the employee was to go to physical therapy two times a week for six weeks and was considered for a

possible cervical epidural steroid injection. On 4/25/2013, the provider noted that he was continuing with work conditioning and he was referred for medication management. A request was submitted for Naproxen Sodium 500mg times 2 month supply.

The MTUS Chronic Pain Guidelines indicate that if long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAIDs. The records indicate this employee has arthritis and/or degenerative disc disease and this medication has a safer GI profile than Ibuprofen for these indications. The request for Naproxen Sodium 500mg times 2 month supply **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, 18th 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.