MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/10/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/12/2013
Date of Injury:	12/12/2011
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002715

1) MAXIMUS Federal Services, Inc. has determined the request for naproxen sodium 550mg #90 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Terocin 120ml #2 **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for omeprazole 20mg #60 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for cyclobenzaprine 7.5mg #120 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 naproxen sodium 550mg #90 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Terocin 120ml #2 **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for omeprazole 20mg #60 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for cyclobenzaprine 7.5mg #120 **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 12, 2013:

The claimant is a 54-year-old [redacted] loan processor, who has filed a claim for chronic neck pain, right elbow pain, and right forearm pain, reportedly associated with an industrial injury of December 12, 2010. Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; elbow corticosteroid injections; MRI of the elbow of April 27, 2013, notable for a partial tear of the common extensor tendon or lateral epicondyle; and the apparent imposition of the permanent work restriction. The claimant has seemingly been return to some form of work with permanent restrictions in place. The most recent progress report was notable for comments that the claimant has apparently filed for pain owing to cumulative trauma, has transferred care from a prior attending provider, exhibits sharp pain in the elbow with nighttime numbness and tingling, exhibits tenderness about the radial collateral ligament and lateral epicondyle with normal range of motion noted. Recommendations were made for the claimant to obtain an elbow corticosteroid injection and return to work with permanent work restrictions in place.

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 7/23/13)
- Utilization Review Determination from [redacted]
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for naproxen sodium 550mg #90:**

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), (no section or page cited), 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 the Chronic Pain Medical Treatment Guidelines (2009), NSAIDs, page 67-68, applicable and relevant to the issue at dispute.

Rationale for the Decision:
The employee sustained an industrial injury on 12/12/10. The submitted and reviewed medical records indicate prior treatment has included medications, physical therapy, cortisone injections to the right elbow, and electrodiagnostic tests. A reviewed medical report dated 7/24/13 indicates the employee continued to experience pain in the neck radiating into the left arm. The pain was noted to be 5/10 and is tolerable with medications. A request has been submitted for Naproxen Sodium 550mg #90.

MTUS Chronic Pain guidelines recommend the use of NSAIDs (naproxen sodium) for chronic spinal pain as an option for short-term symptomatic relief. The guidelines note there is inconsistent evidence for the use of NSAIDs for long-term neuropathic pain. The submitted medical records indicate that the employee has been taking naproxen on a long-term basis for her pain complaints. The guidelines do not support the requested medication in this setting. The requested naproxen sodium 550mg #90 **is not medically necessary and appropriate.**

2) **Regarding the request for Terocin 120ml #2:**

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), (no section or page cited), 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 Chronic Pain Medical Treatment Guidelines (2009), Topical analgesics, Non-steroidal anti-inflammatory agents (NSAIDs), Lidocaine indication, and Capsaicin, page 111-113, applicable and relevant to the issue at dispute.

Rationale for the Decision:
The employee sustained an industrial injury on 12/12/10. The submitted and reviewed medical records indicate prior treatment has included medications, physical therapy, cortisone injections to the right elbow, and electrodiagnostic tests. A reviewed medical report dated 7/24/13 indicates the employee continued to experience pain in the neck radiating into the left arm. The pain was noted to be 5/10 and is tolerable with medications. A request has been submitted for Terocin 120ml #2.

Terocin is a topical cream that contains lidocaine 2.50% and capsaicin 0.025% along with methyl salicylate, a nonsteroidal anti-inflammatory, and menthol. MTUS Chronic Pain guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine in any other form other than Lidoderm patches is considered a local anesthetic and is not recommended for use. The guidelines recommend capsaicin only as an option for individuals who have not responded or are intolerant to other treatments. The reviewed medical records do not document intolerance or failed response to other treatments. Lidocaine and capsaicin are not recommended in this case; therefore, Terocin is not recommended. The requested Terocin 120ml #2 **is not medically necessary and appropriate.**

3) Regarding the request for omeprazole 20mg #60:

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), (no section or page cited), 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 Chronic Pain Medical Treatment Guidelines (2009), NSAIDs, GI symptoms & cardiovascular risk, page 68-69, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:
The employee sustained an industrial injury on 12/12/10. The submitted and reviewed medical records indicate prior treatment has included medications, physical therapy, cortisone injections to the right elbow, and electrodiagnostic tests. A reviewed medical report dated 7/24/13 indicates the employee continued to experience pain in the neck radiating into the left arm. The pain was noted to be 5/10 and is tolerable with medications. A request has been submitted for omeprazole 20mg #60.

MTUS Chronic Pain guidelines recommend the use of proton pump inhibitors (PPI), omeprazole, if there is a risk of gastrointestinal events or if the patient is taking aspirin, a corticosteroid or an anticoagulant in addition to prescribed NSAIDs, or is taking multiple or high doses of NSAIDs. The submitted medical records do not demonstrate that the employee has or is at risk for gastrointestinal

events, is taking contradictory medications or high doses of NSAIDs. The requested omeprazole 20mg #60 **is not medically necessary and appropriate.**

4) **Regarding the request for cyclobenzaprine 7.5mg #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), (no section or page cited), 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 the Chronic Pain Medical Treatment Guidelines (2009), Muscle relaxants (for pain), page 63, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:
The employee sustained an industrial injury on 12/12/10. The submitted and reviewed medical records indicate prior treatment has included medications, physical therapy, cortisone injections to the right elbow, and electrodiagnostic tests. A reviewed medical report dated 7/24/13 indicates the employee continued to experience pain in the neck radiating into the left arm. The pain was noted to be 5/10 and is tolerable with medications. A request has been submitted for cyclobenzaprine 7.5mg #120.

MTUS Chronic Pain guidelines recommend the use of non-sedating muscle relaxants (cyclobenzaprine) with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic spinal pain. The submitted medical records indicate that the employee has been taking cyclobenzaprine on a routine, long-term basis. The request is not in accordance with guideline recommendations. The requested cyclobenzaprine 7.5mg #120 **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

/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.