

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 6/12/2012
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002928

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for Omeprazole 20mg # 120, dos 4/2/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 4/2/13 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for Sumatriptan Succinate 25mg # 9 x2, dos 4/2/13 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for Medrox Ointment 120gm x2, dos 4/2/13 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the retrospective request for Tramadol Hydrochloride ER 150mg # 90, dos 4/2/13 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the retrospective request for Omeprazole 20mg # 120, dos 5/28/13 **is not medically necessary and appropriate.**

- 7) MAXIMUS Federal Services, Inc. has determined the retrospective request for Ondansetron ODT 8mg #30 x2, dos 5/28/13 **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the retrospective request for Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 5/28/13 **is medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the retrospective request for Sumatriptan Succinate 25mg # 9 x2, dos 5/28/13 **is medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the retrospective request for Medrox Ointment 120gm x2, dos 5/28/13 **is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the retrospective request for Tramadol Hydrochloride ER 150mg # 90, dos 5/28/13 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 retrospective request for Omeprazole 20mg # 120, dos 4/2/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 4/2/13 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for Sumatriptan Succinate 25mg # 9 x2, dos 4/2/13 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for Medrox Ointment 120gm x2, dos 4/2/13 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the retrospective request for Tramadol Hydrochloride ER 150mg # 90, dos 4/2/13 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the retrospective request for Omeprazole 20mg # 120, dos 5/28/13 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the retrospective request for Ondansetron ODT 8mg #30 x2, dos 5/28/13 **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the retrospective request for Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 5/28/13 **is medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the retrospective request for Sumatriptan Succinate 25mg # 9 x2, dos 5/28/13 **is medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the retrospective request for Medrox Ointment 120gm x2, dos 5/28/13 **is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the retrospective request for Tramadol Hydrochloride ER 150mg # 90, dos 5/28/13 **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.

SUMMARY OF RECORDS:

This is a male claimant with a date of injury of 06/12/12. Per The examination of 04/02/13, the claimant has continued and persistent weakness in the legs with foot drop. The Cervical spine has not changed. Migraines are noted with increased pain that causes nausea that is not alleviated by Prilosec. The examination reveals cervical spine muscle spasm, positive axial loading compression test, upper extremity weakness and numbness, no radicular complaint. The examination of lumbar spine reveal tenderness of paravertebral muscles with spasm, pain with terminal motion, seated nerve root test is positive and dysesthesias at the L5 and S1 dermatomes. The diagnoses include cervical discopathy, and lumbar segmental instability. The recommendations are for surgical intervention, omeprazole 20mg #120, ondansetron ODT 8mg #30 x 2, cyclobenzaprine 7.5mg #120, sumatriptan 25mg #9 x 2, levofloxacin 750mg #30, tramadol ER 150mg Q6 hours #90, Medrox ointment 120gm x 2, and off work.

Per the operative report of 05/17/13, the claimant underwent L5-S1 posterior lumbar interbody fusion, bilateral, internal fixation, posterolateral/intertransverse process fusion, complete laminectomy, lysis of adhesions/epineurolysis, and foraminotomies with decompression.

Per The examination of 05/22/13, the claimant is status post fusion. He complains of low back pain that radiates to bilateral lower extremities. He also complains of neck pain. The claimant reports a pain level of 6/10 with medications, and a 9/10 without medications. The claimant reports limitations in ADL's. The examination reveals ambulation with wheelchair, spinal tenderness at L1-S1, myofascial tenderness of lumbar spine. The diagnoses include lumbar radiculopathy, status post lumbar fusion, status post posterior fusion, and constipation. The recommendations are for continued exercise program, work restrictions and medications refilled.

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 7/24/13)
- Utilization Review Determination from [REDACTED] (dated 7/12/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for Omeprazole 20mg # 120, dos 4/2/13:

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, pg. 68, which is part of the MTUS. 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 sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Omeprazole 20mg # 120, dos 4/2/13 .

MTUS Chronic Pain guidelines recommend proton pump inhibitors such as Omeprazole for patients at intermediate risk of gastrointestinal events undergoing treatment with NSAIDs. The records submitted for review indicate the employee to have reports of headaches that cause nausea which is not alleviated by Prilosec. However, the submitted medical records fail to detail current gastrointestinal symptoms of the patient. The retrospective request for Omeprazole 20mg #120, dos 4/2/13 is not medically necessary and appropriate.

2) Regarding the retrospective request for Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 4/2/13:

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, Cyclobenzaprine (Flexeril), pg. 41 and 64, which is part of the 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 sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches

caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 4/2/13

MTUS Chronic Pain guidelines recommend the use of this medication as an option in a short course of physical therapy. The submitted medical records indicate that the employee was made aware of the use of short course for acute spasms only. Additionally, there are objective clinical findings noting muscle spasms on examination and the records indicate the employee had relief of symptoms with the use of this medication in the past. The retrospective request for Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 4/2/13 is medically necessary and appropriate.

3) Regarding the retrospective request for Sumatriptan Succinate 25mg # 9 x2, dos 4/2/13:

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 MedlinePlus Drug Information, Sumatriptan Oral and Nasal, a medical treatment guideline (MTG) not part of the MTUS. The Expert Reviewer found no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the Medline Plus Drug Information, Sumatriptan Oral and Nasal, (Online), <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Sumatriptan Succinate 25mg # 9 x2, dos 4/2/13 .

Medical treatment guidelines indicate that Sumatriptan is a synthetic drug belonging to the triptan class which is used for the treatment of migraine headaches. The submitted medical records note that the employee has found relief from this medication which allowed for a higher level of function during the day. The retrospective request for Sumatriptan Succinate 25mg # 9 x2, dos 4/2/13 is medically necessary and appropriate.

4) Regarding the retrospective request for Medrox Ointment 120gm x2, dos 4/2/13:

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 Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg.111-113, which is part of the 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 sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Medrox Ointment 120gm x2, dos 4/2/13.

The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety, and they are primarily recommended for neuropathic pain when trails of antidepressants and anticonvulsants have failed. The records submitted for review indicate that the employee was prescribed Medrox pain relief ointment to be used for topical relief of minor aches and muscle pain. Medrox lotion is a compounded topical analgesic containing a formulation of capsaicin of 0.0375% which is outside the recommended guidelines and there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. The retrospective request for Medrox Ointment 120gm x2, dos 4/2/13 is not medically necessary and appropriate.

5) Regarding the retrospective request for Tramadol Hydrochloride ER 150mg # 90,dos 4/2/13:

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 Chronic Pain Medical Treatment Guidelines, pg. 91, which is part of the MTUS. 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 sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches

caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Tramadol Hydrochloride ER 150mg # 90,dos 4/2/13 .

MTUS Chronic Pain guidelines note that Tramadol is a synthetic opioid affecting the central nervous system. Warnings for Tramadol indicate that it may produce life threatening serotonin syndrome, in particular, when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, as well as triptans or other drugs that may impair serotonin metabolism. Based on the recommendation of the guidelines for warnings with concomitant use with triptans, the request is not supported. The retrospective request for Tramadol Hydrochloride ER 150mg # 90,dos 4/2/13 is not medically necessary and appropriate.

6) Regarding the retrospective request for Omeprazole 20mg # 120, dos 5/28/13:

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, pg. 68, which is part of the MTUS. 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 sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Omeprazole 20mg # 120, dos 5/28/13.

The MTUS Chronic Pain guidelines note that proton pump inhibitors such as Omeprazole are recommended for patients at intermediate risk for gastrointestinal events. However, no current gastrointestinal symptoms were reported in a recent report dated 5/28/13. The retrospective request for Omeprazole 20mg # 120, dos 5/28/13 is not medically necessary and appropriate.

7) Regarding the retrospective request for Ondansetron ODT 8mg #30 x2, dos 5/28/13:

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 MedlinePlus Drug Information, Ondansetron, a MTG not part of the MTUS. The Expert Reveiwer found no section of the MTUS was applicable and relevant to the issue at

dispute. The Expert Reviewer found the The MedlinePlus, Ondansetron, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>, a MTG not part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for retrospective Ondansetron ODT 8mg #30 x2, dos 5/28/13.

Medical treatment guidelines note that the requested medication is used mainly as an antiemetic to treat nausea and vomiting. The submitted medical records note that the employee was prescribed Ondansetron to be taken as needed for nausea following surgery. The records provided indicate the patient had complained of nausea associated with headaches and cervical spine pain as well as residual postoperative headache and nausea secondary to the anesthesia. The retrospective request for Ondansetron ODT 8mg #30 x2, dos 5/28/13 is medically necessary and appropriate.

8) Regarding the retrospective request for Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 5/28/13:

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 Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril), pg. 41 and 64, which is part of the MTUS. 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 sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 5/28/13.

The MTUS Chronic Pain guidelines recommend this medication as an option in a short course. Per the submitted medical records, the employee was made aware of the use of short course for acute spasms only. The records indicate the employee was prescribed Cyclobenzaprine for paravertebral muscle spasms noted on physical examination and the employee experienced relief of symptoms with use of the medication in the past. The retrospective request Cyclobenzaprine Hydrochloride 7.25mg # 120, dos 5/28/13 is medically necessary and appropriate.

9) Regarding the retrospective request for Sumatriptan Succinate 25mg # 9 x2, dos 5/28/13:

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 MedlinePlus Drug Information, Sumatriptan Oral and Nasal, a medical treatment guideline (MTG) not part of the MTUS. The Expert Reviewer found no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the Medline Plus Drug Information, Sumatriptan Oral and Nasal, (Online), <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Sumatriptan Succinate 25mg # 9 x2, dos 5/28/13.

The medical treatment guidelines indicate that this medication belongs to the triptan class which is used for the treatment of migraine headaches. The submitted medical records note that the employee was prescribed this medication to be taken at onset of a headache and to be repeated two hours later secondary to complaints of migraine headaches suffered by the employee in relation to cervical spine pain. The submitted records note efficacy from this medication. The retrospective request for Sumatriptan Succinate 25mg # 9 x2, dos 5/28/13 is medically necessary and appropriate.

10) Regarding the retrospective request for Medrox Ointment 120gm x2, dos 5/28/13:

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, (2009), Topical Analgesics, pg. 111-113, which is part of the MTUS. 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 sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Medrox Ointment 120gm x2, dos 5/28/13.

The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety, and they are primarily recommended for neuropathic pain when trails of antidepressants and anticonvulsants have failed. The records submitted for review indicate that the employee was prescribed Medrox pain relief ointment to be used for topical relief of minor aches and muscle pain. Medrox lotion is a compounded topical analgesic containing a formulation of capsaicin of 0.0375% which is outside the recommended guidelines and there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. The retrospective request for Medrox Ointment 120gm x2, dos 5/28/13 is not medically necessary and appropriate.

11) Regarding the retrospective request for Tramadol Hydrochloride ER 150mg # 90, dos 5/28/13:

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, (2009), pg. 91, which is part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, (2009), Tramadol, pg. 93-94, which is part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 6/12/12. The submitted medical records note the employee was evaluated on 04/02/2013 with complaints of continued and persistent weakness in the legs with foot drop. The records indicate that the patient is recommended for surgical intervention with respect to the lumbar spine. The records detail that symptomatology in the cervical spine has not changed significantly, and that the employee experiences headaches which were migrainous in nature, associated with periods of increased pain in the cervical spine. The employee reported the headaches

caused nausea which was not alleviated with Prilosec. A retrospective request has been submitted for Tramadol Hydrochloride ER 150mg # 90,dos 5/28/13.

MTUS Chronic Pain guidelines note that Tramadol is a synthetic opioid affecting the central nervous system. Warnings for Tramadol indicate that it may produce life threatening serotonin syndrome, in particular, when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, as well as triptans or other drugs that may impair serotonin metabolism. Based on the recommendation of the guidelines for warnings with concomitant use with triptans, the request is not supported. The retrospective request for Tramadol Hydrochloride ER 150mg # 90,dos 5/28/13 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.