
Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	7/12/2007
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0003053

- 1) MAXIMUS Federal Services, Inc. has determined the request for Protonix 20MG **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 7.5MG **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Viocdin 5/500MG **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for two transdermal compounds **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 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 Protonix 20MG **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 7.5MG **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Viocdin 5/500MG **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for two transdermal compounds **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Occupational Medicine 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 11, 2013

“ [REDACTED] is a 62 year old (DOB: [REDACTED]) female [REDACTED] (DOH: [REDACTED]) for [REDACTED] who had cumulative trauma to both upper extremities. Over the last several years the patient has had progressive increasing pain in her wrist and noted numbness and tingling and has subsequently diagnosed with carpal tunnel syndrome with date of injury on 07/12/07 injuring her cervical, wrists, right shoulder, and complex regional pain syndrome. The cervical, wrists, right shoulder, and complex regional pain syndrome have been accepted by the carrier. The carrier has objected the claim for psyche. She is currently TTD.”

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 07/24/2013)
- Utilization Review Determination from [REDACTED] (dated 07/11/2013)
- Employee medical records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request Protonix 20MG:

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, NSAIDs, GI symptoms & cardiovascular risk, no page cited, part of MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Treatment of dyspepsia secondary to NSAID therapy, pg. 69, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee has a date of injury of 7/12/2007 resulting in cumulative trauma to the bilateral upper extremities. Thus far, the employee has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; and a reported diagnosis of chronic regional pain syndrome. The request is for Protonix 20mg.

As noted on the page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. The medical records submitted for review suggest severe epigastric pain. Epigastric pain is often suggestive of dyspepsia or reflux. The request for Protonix 20mg **is medically necessary and appropriate.**

2) Regarding the request for Flexeril 7.5MG:

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, pg. 41 & 64, part of MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril®), pg. 41 & 64, part of MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee has a date of injury of 7/12/2007 resulting in cumulative trauma to the bilateral upper extremities. Thus far, the employee has been treated with the

following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; and a reported diagnosis of chronic regional pain syndrome. **The request is for Flexeril 7.5mg.**

As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is only recommended as a short course of therapy. Addition of cyclobenzaprine to other agents is not recommended. The medical records indicate the employee is using numerous analgesic, adjuvant, and psychotropic medications. Adding Flexeril for the mix is not indicated. There is, furthermore, no evidence of functional improvement through prior usage of Flexeril. The employee has failed to return to work, remains off of work, on total temporary disability, and is seemingly highly reliant on various medications treatments including office visits with multiple providers and a home interferential unit. The request for Flexeril 7.5mg **is not medically necessary or appropriate.**

3) Regarding the request Viocdin 5/500MG:

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, pg. 91, a part of MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, pg. 80, part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee has a date of injury of 7/12/2007 resulting in cumulative trauma to the bilateral upper extremities. Thus far, the employee has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; and a reported diagnosis of chronic regional pain syndrome. **The request is for Vicodin 5/500mg.**

After a review of the medical records submitted, the employee fails to meet the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the employee has failed to return to work. There is a failure to report or exhibit evidence of reduced pain and/or improved functioning through prior usage of Vicodin. Continuing Vicodin in the absence of functional improvement is not indicated. The request for Vicodin 5/500mg **is not medically necessary or appropriate.**

4) Regarding the request two transdermal compounds:

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, pg. 111-113, a part of MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111, a part of MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee has a date of injury of 7/12/2007 for cumulative trauma to the bilateral upper extremities. Thus far, the employee has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; and a reported diagnosis of chronic regional pain syndrome. The request is for two transdermal compounds.

As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical agents and topical compounds are largely experimental. In a review of the medical records, there is no evidence of intolerance to and/or failure of multiple classes of oral analgesics to support the use of unspecified topical agents. The request for two transdermal compounds **is not medically necessary or 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.