

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/11/2013
Date of Injury: 4/2/2002
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0003173

- 1) MAXIMUS Federal Services, Inc. has determined the request for one Urine Drug Screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a quantity of 120 Cyclobenzaprine (Fleximid 7.5 mg) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a quantity of 120 Norco 10/325 mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a quantity of 90 Prilosec (Omeprazole) 20mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a quantity of 90 Ultram ER (Tramadol) 150mg **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a quantity of one topical compound tube: 15gm Cyclobenzaprine 10%/Tramadol 10% **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 request for one Urine Drug Screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a quantity of 120 Cyclobenzaprine (Fleximid 7.5 mg) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a quantity of 120 Norco 10/325 mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a quantity of 90 Prilosec (Omeprazole) 20mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a quantity of 90 Ultram ER (Tramadol) 150mg **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a quantity of one topical compound tube: 15gm Cyclobenzaprine 10%/Tramadol 10% **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 11, 2013:

██████████ is a 41 year old (DOB ██████████) female merchant stocker that sustained an injury to her lower back while lifting a box and twisting while at work on 04/02/2002. She is currently TID. The Herniation L4-5 has been accepted by the carrier.”

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 (7/24/13)
- Utilization Review Determination from [REDACTED] (dated 7/11/13)
- Employee Medical Records from [REDACTED] (received 8/8/13)
- Employee Medical Records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one 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 Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009) page 43, which is a part of Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines (ODG) (current version), which is not a part of MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (2009) page 43, which is a part of Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on 04/02/02 to the lower back. The medical records provided for review indicate treatments have included medication management. The request is for one urine drug screen.

The MTUS Guidelines indicate recommendation for drug testing of individuals as part of ongoing monitoring and management for individuals on opioid analgesics. In this case, there is no clear clinical rationale provided for the necessity of a urine drug screen. There is a lack of documentation indicating the employee has undergone an adequate drug screen/assessment indicating the employee's risk for aberrant drug-taking behavior whether it be mild, moderate, or high risk. **The request for one urine drug screen is not medically necessary and appropriate.**

2) Regarding the request for a quantity of 120 Cyclobenzaprine (Fleximid 7.5 mg) :

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 Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009) pages 64-66, which is a part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS 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 04/02/02 to the lower back. The medical records provided for review indicate treatments have included medication management. The request is for a quantity of 120 Cyclobenzaprine (Fleximid 7.5 mg).

The MTUS Guidelines indicate cyclobenzaprine is recommended as an option using a short course of therapy. The effect of the medication is greatest in the first 4 days of treatment suggesting that shorter courses may be better and that treatment should be brief. The documentation submitted for review indicates the employee has been prescribed cyclobenzaprine 7.5 mg since at least 07/23/2012, and fails to indicate the employee received benefit from the medication, has greater ability to undertake activities of daily living, or the employee has a decrease in pain as a result of the use of this medication. **The request for a quantity of 120 Cyclobenzaprine (Fleximid 7.5 mg) is not medically necessary and appropriate.**

3) Regarding the request for a quantity of 120 Norco 10/325 mg:

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 Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009) pages 80-81, which is a part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS 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 04/02/02 to the lower back. The medical records provided for review indicate treatments have included medication management. The request is for a quantity of 120 Norco 10/325 mg.

The MTUS Guidelines indicate Norco is prescribed for moderate to moderately severe pain. Guidelines further indicate the "4 As" (analgesia, activities of daily living, adverse effects, and aberrant drug-taking behavior) for ongoing monitoring of individuals on opioid analgesics. The documentation submitted for review fails to indicate the length of time for which the employee has been prescribed this medication. Furthermore, there is a lack of documentation indicating functional effect of the medication, proper analgesic effect from the medication, increase in the employee's ability to undertake activities of daily living, or to address the adverse side effects with use of the medication. **The request for a quantity of 120 Norco 10/325 mg.**

4) Regarding the request for a quantity of 90 Prilosec (Omeprazole) 20mg:

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 Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009) NSAIDs section, which is a part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 68, which is part of the MTUs.

Rationale for the Decision:

The employee sustained a work-related injury on 04/02/02 to the lower back. The medical records provided for review indicate treatments have included medication management. The request is for a quantity of 90 Prilosec (Omeprazole) 20 mg.

The MTUS Guidelines indicate proton pump inhibitors such as Prilosec are recommended for individuals at intermediate risk of gastrointestinal events. However, the documentation submitted for review fails to detail current GI symptoms of the employee. **The request for a quantity of 90 Prilosec (Omeprazole) 20 mg is not medically necessary and appropriate.**

5) Regarding the request for a quantity of 90 Ultram ER (Tramadol) 150mg:

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 Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009) pages 93-94, 113, which is a part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS 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 04/02/02 to the lower back. The medical records provided for review indicate treatments have included medication management. The request is for a quantity of 90 Ultram ER (Tramadol) 150 mg.

The MTUS Guidelines indicate tramadol is a synthetic opioid affecting the central nervous system and is indicated for moderate to severe pain. However, the documentation submitted for review fails to detail the length of time for which the employee has been prescribed this medication. Furthermore, there is a lack of documentation indicating effective analgesia, increase in the employee's ability to undertake activities of daily living, or to address adverse effect of the medication versus benefit. **The request for a quantity of 90 Ultram ER (Tramadol) 150 mg is not medically necessary and appropriate.**

6) Regarding the request for a quantity of one topical compound tube: 15gm Cyclobenzaprine 10%/Tramadol 10% :

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 Claims Administrator based its decision on Official Disability Guidelines (ODG) – Treatment in Worker’s Comp 2012 on the Web (www.odgtreatment.com) which is not a part of Medical Treatment Utilization Schedule (MTUS), and Chronic Pain medical Treatment Guidelines (2009) pages 111-113, which is a part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Chronic Pain medical Treatment Guidelines (2009) pages 111-113, which is a part of Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on 04/02/02 to the lower back. The medical records provided for review indicate treatments have included medication management. The request is for a quantity of one topical compound tube: 15 gm Cyclobenzaprine 10%/Tramadol 10%.

The MTUS Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted for review fails to indicate the employee has been tried on a course of antidepressants or anticonvulsants to warrant topical medications. Furthermore, the documentation lacks the evidence of prior efficacy of this medication for the employee. Furthermore, guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for prescription to individuals. **The request for a quantity of one topical compound tube: 15 gm Cyclobenzaprine 10%/Tramadol 10% 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

/hs

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.