

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/28/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 7/23/2012
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003216

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 33-year-old male who reported a work-related injury on 07/23/2012 as a result of strain to the right shoulder, lumbar spine and cervical spine. Magnetic resonance imaging (MRI) of the lumbar spine dated 10/05/2012 signed by Dr. [REDACTED] revealed a negative MRI of the lumbar spine. There was demonstrated maintenance of normal curvature, normal alignment, and vertebral body height and marrow signal intensity. There were no abnormalities evidenced. The clinical note dated 05/08/2013 reveals a medical examination of the patient under the care of Dr. [REDACTED]. The provider documented upon physical exam of the patient, the patient did not have any neurological findings and it appeared the patient may have sustained a chronic sprain to the lumbar spine. The provider documented the patient had 40 degrees of lumbar flexion, 20 degrees of lumbar extension, and 20 degrees of right and left lateral bending. The clinical note dated 06/17/2013 reports the patient was seen under the care of Dr. [REDACTED] for his pain complaints. The provider documented that the patient was gradually improving. The patient continued with physical therapy interventions which are helpful. The provider documented 14 SNPS test was performed with results read on 12/05/2012, that reported based upon the laboratory test, it provides an analysis of 14 single nucleotide polymorphisms and the patient's results were positive for 8 out of 14 tests. The patient possesses genetically elevated risk for narcotic tolerance and/or dependence. It was recommended to explore reduction of narcotic use. The provider documented the patient's presenting diagnosis was rule out of L5-S1 disc herniation with right-sided radiculopathy. There was no physical exam provided by Dr. [REDACTED] on this clinical note.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Tizanidine 4mg, quantity 120 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, pg 63, which is part of the MTUS.

The Physician Reviewer's decision rationale: California MTUS indicates, "Tizanidine is a centrally acting alpha-2 adrenergic agonist that is FDA approved for management of spasticity and unlabeled use for low back pain." California MTUS also states muscle relaxants are recommended for short-term treatment of acute exacerbations in patients with chronic low back pain. The current request was supported on 07/05/2013. However, the clinical notes evidence shows that the employee has utilized this medication for well over a year. Additionally, the medical records provided for review reflects that the provider did not document the employee's reports of efficacy with their current medication regimen as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality. The employee initially presented with pain complaints to the right upper extremity of which has resolved since the date of injury. The employee's primary complaint of pain is to the lumbar spine. However, the clinical notes lack evidence to support the employee's current medication regimen and MRI imaging of the lumbar spine revealed no abnormalities throughout the spine. Furthermore, upon physical exam of the employee, the clinical notes lacked evidence of the employee presenting with any motor, neurological or sensory deficits. **The request for Tizanidine 4 mg, quantity 120 is not medically necessary and appropriate.**

2. Tramadol APAP 34.5/325mg, quantity 90 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol, pgs 93-94, which is part of the MTUS.

The Physician Reviewer's decision rationale: California MTUS Chronic Pain Guidelines indicate for patients using opioid medications monitoring of the "4 A's" should be performed. "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical notes evidence shows that the employee has utilized this medication for well over a year. The medical records provided for review shows that the provider did not document the employee's reports of efficacy with their current medication regimen as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality. The employee initially presented with pain complaints to the right upper extremity of which has resolved since the date of injury. The employee's primary complaint of pain is to the lumbar spine. However, the clinical notes lack evidence to support the employee's current medication regimen, MRI imaging of the employee's lumbar spine revealed no abnormalities throughout the spine. Furthermore, upon physical exam, the clinical notes lacked evidence of the employee presenting with any motor, neurological or sensory deficits. **The request for Tramadol APAP 34.5/325mg, quantity 90 is not medically necessary and appropriate.**

3. Narcosoft, quantity 90 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Initiating Therapy, pg 77, which is part of the MTUS.

The Physician Reviewer's decision rationale: The requested Narcosoft is a medication used to treat constipation. Chronic Pain Medical Treatment Guidelines state "prophylactic treatment of constipation should be initiated" when initiating opioid therapy. The medical records provided for review shows that the provider did not document if the employee complained of constipation to meet indications for the use of this medication or the efficacy of this medication to support continued use. Also, as the requested opioid, Norco has not been deemed necessary the necessity of the requested Narcosoft used in conjunction with the opioid has not been established. **The request for Narcosoft, quantity 90 is not medically necessary and appropriate.**

4. Naproxen Sodium 550mg, quantity 90 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic Low Back Pain, pg. 68, which is part of the MTUS.

The Physician Reviewer's decision rationale: The clinical notes shows evidence that the employee has utilized this medication for well over a year. The Chronic Pain Medical Treatment Guidelines, Chronic Low Back Pain, states "The dose of naproxen may be increased to 1500 mg a day of Naproxen for limited periods when a higher level of analgesics/anti-inflammatory activity is required for up to 6 months." CA MTUS Guidelines recommend utilizing anti-inflammatories for a short course of treatment to decrease the risk of potential side effects. Additionally, the medical records provided for review did not document if the employee reports of efficacy with their current medication regimen as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality. The employee initially presented with pain complaints to the right upper extremity of which has resolved since the date of injury. The employee's primary complaint of pain is to the lumbar spine. However, the clinical notes lack evidence to support the employee's current medication regimen and MRI imaging of the employee's lumbar spine revealed no abnormalities throughout the spine. Furthermore, upon physical exam, the clinical notes lacked evidence of the employee presenting with any motor, neurological or sensory deficits. **The request for Naproxen Sodium 550 mg, quantity 90 is not medically necessary and appropriate.**

5. Ami-tramadol DM Ultracream, 4/20/10 percent, 240mg is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111, which is part of the MTUS.

The Physician Reviewer's decision rationale: Chronic Pain Medical Treatment Guidelines, Topical Analgesics, states "Compounded topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The provider does not

evidence a rationale for why the employee is utilizing both oral tramadol as well as topical tramadol. The medical records provided for review lacked documentation of the employee's reports of efficacy with their current medication regimen. The provider did not document the employee's reports of efficacy with their current medication regimen as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality. The employee initially presented with pain complaints to the right upper extremity of which has resolved since the date of injury. The employee's primary complaint of pain is to the lumbar spine. However, the clinical notes lack evidence to support the employee's current medication regimen and MRI imaging of the employee's lumbar spine revealed no abnormalities throughout the spine. Furthermore, upon physical the clinical notes lacked evidence of the employee presenting with any motor, neurological or sensory deficits. **The request for Ami-tramadol DM Ultracream, 4/20/10 percent, 240 mg is not medically necessary and appropriate.**

6. Gabaketolido cream, 6/20/10 percent, 240mg is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines California MTUS, Topical Analgesics, pg 111, which is part of the MTUS.

The Physician Reviewer's decision rationale: Chronic Pain Medical Treatment Guidelines California MTUS, Topical Analgesics, states "Gabapentin is not recommended as there is no peer reviewed literature to support use and Ketoprofen is not currently FDA approved for a topical application." The current request was supported on 07/05/2013. However, the clinical notes evidence shows that the employee has utilized this medication for well over a year. The medical records provided for review shows that the provider did not document the employee's reports of efficacy with their current medication regimen as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality. The employee initially presented with pain complaints to the right upper extremity of which has resolved since the date of injury. The employee's primary complaint of pain is to the lumbar spine. However, the clinical notes lack evidence to support the employee's current medication regimen, MRI imaging of the employee's lumbar spine revealed no abnormalities throughout the spine. Furthermore, upon physical exam, the clinical notes lacked evidence of the employee presenting with any motor, neurological or sensory deficits. **The request for Gabaketolido cream, 6/20/10 percent, 240 is not medically necessary and appropriate.**

7. Norco 10/325mg, quantity 60 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines, pg. 78, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the California MTUS Chronic Pain Guidelines indicate for patients using opioid medications monitoring of the "4 A's" should be performed. "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains

have been summarized as the “4 A’s” (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs.” The current request was modified for weaning purposes on 07/05/2013. The clinical notes shows evidence that the employee has utilized this medication for well over a year. The medical records provided for review reflects that the provided did not document the employee’s reports of efficacy with their current medication regimen as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality. There was no discussion regarding side effects, urine drug screens or aberrant or non-adherent drug taking behaviors to meet CA MTUS guideline criteria for continued use. Given all of the above, the request for Norco 10/325 mg #60 is not medically necessary or appropriate. The employee initially presented with pain complaints to the right upper extremity of which has resolved since the date of injury. The employee’s primary complaint of pain is to the lumbar spine. However, the clinical notes lack evidence to support the employee’s current medication regimen, MRI imaging of the employee’s lumbar spine revealed no abnormalities throughout the spine. Furthermore, upon physical exam, the clinical notes lacked evidence of the employee presenting with any motor, neurological or sensory deficits. **The request for Gabaketolido cream, 6/20/10 percent, 240 mg is not medically necessary and appropriate.**

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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.

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[REDACTED]
[REDACTED]

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