
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

1/2/2005

7/25/2013

CM13-0003250

- 1) MAXIMUS Federal Services, Inc. has determined the requested retrospective Norco 10/325 #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested retrospective Flexeril 7.5mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested retrospective Cartivisc 500mg #90 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested retrospective Mediderm topical pain relief cream **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 requested retrospective Norco 10/325 #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested retrospective Flexeril 7.5mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested retrospective Cartivisc 500mg #90 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested retrospective Mediderm topical pain relief cream **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 16, 2013:

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Clinical Rationale

The patient is a 58 year old female with a date of injury of 1/2/2005. Under consideration are retrospective requests for 1 prescription of Norco 10/325mg #120, 1 prescription of Flexeril 7.5mg #60, 1 prescription of Cartivisc 500mg #90 and 1 prescription of Mediderm topical pain relief cream.

The most current documentation dated 7/12/2013 displays clinical findings discovered on 7/11/2013. The subjective findings from this date include neck and back pain. The current objective findings include walking with cane, bilateral tenderness and spasms of trapezius, cervical and L3-L5 paraspinous muscles, cervical and lumbar spine shows decreased range of motion, muscle strength at 4/5 and equal at lower extremities, pain with back extension at lumbar facet joints, full range of motion with pain at knees, decreased sensation to pinprick at right lateral leg and walking with limp. The current diagnosis for this patient is cervical fusion, lumbar radiculopathy, right knee meniscus tear and chronic pain syndrome.

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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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/16/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for retrospective Norco 10/325 #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), Opioids, Hydrocodone/Acetaminophen, page not cited which is 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 CA MTUS Chronic Pain Medical Treatment Guidelines, Page(s) 91.

Rationale for the Decision:

The employee sustained a work-related injury on 1/2/2005 resulting in neck and back pain. The medical records provided for review indicate diagnoses of cervical fusion, lumbar radiculopathy, right knee meniscus tear and chronic pain syndrome. Treatments have included physical therapy, and medication management. The request is for retrospective Norco 10/325 #120.

The California MTUS Guidelines indicate that Norco is recommended for moderate to moderate to severe pain. Furthermore, the Guidelines detail the recommendations for monitoring with the 4 A's for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The medical records submitted for review, lack the documentation indicating functional response of the employee to the medication. The request for retrospective Norco 10/325 #120 **is not medically necessary and appropriate.**

2) Regarding the request for retrospective Flexeril 7.5mg #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), Muscle Relaxants, Cyclobenzaprine (Flexeril), pg. 91 which is part of Medical Treatment Utilization Schedule (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 1/2/2005 resulting in neck and back pain. The medical records provided for review indicate diagnoses of cervical fusion, lumbar radiculopathy, right knee meniscus tear and chronic pain syndrome. Treatments have included physical therapy, and medication management. The request is for retrospective Flexeril 7.5mg #60.

The California MTUS Guidelines indicate that Flexeril is recommended as an option for use in a short course of therapy. The affect of the medication is greatest in the first 4 days, suggesting shorter courses may be better. The documentation submitted for review is insufficient to detail the length of time for which the employee has been prescribed Flexeril. While the employee is noted to have muscle spasms identified on physical examination, given that the length of time for which the medication has been prescribed to the employee has not been addressed in the documentation, the continued use of Flexeril is not supported. The request for retrospective Flexeril 7.5mg #60 **is not medically necessary and appropriate.**

3) Regarding the request for retrospective Cartivisc 500mg #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), Meds for Chronic pain, Glucosamine (and Chondroitin Sulfate), pg. 41-42, which is part of Medical Treatment Utilization Schedule (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 1/2/2005 resulting in neck and back pain. The medical records provided for review indicate diagnoses of cervical fusion, lumbar radiculopathy, right knee meniscus tear and chronic pain syndrome. Treatments have included physical therapy, and medication management. The request is for retrospective Cartivisc 500mg #90.

The California MTUS Guidelines indicate that glucosamine and chondroitin sulfate are recommended as an option given its low risk in individuals with moderate arthritic pain especially for knee osteoarthritis. The documentation submitted for review indicates that the employee is diagnosed with left knee arthritis for which the patient is currently undergoing Supartz injections in a series of 5, and the use of Cartivisc would be supported. The request for retrospective Cartivisc 500mg #90 **is medically necessary and appropriate.**

4) Regarding the request for retrospective Mediderm topical pain relief cream:

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), Capsaicin topical, Salicylate topical, pg. 50 which is part of Medical Treatment Utilization Schedule (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 1/2/2005 resulting in neck and back pain. The medical records provided for review indicate diagnoses of cervical fusion, lumbar radiculopathy, right knee meniscus tear and chronic pain syndrome. Treatments have included physical therapy, and medication management. The request is for retrospective Mediderm topical pain relief cream.

The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine their efficacy or safety and they are primarily recommended for neuropathic pain when trials of anti-depressants or anti-convulsants have failed. Mediderm lotion is a compounded cream containing capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. The Guidelines indicate that formulations of capsaicin are generally available as 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The request for retrospective Mediderm topical pain relief cream **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

/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.