

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	8/8/2002
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003291

- 1) MAXIMUS Federal Services, Inc. has determined the request for extracorporeal shockwave therapy one time **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for six acupuncture sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for TGHot cream 240gm **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Fluriflex cream 240gm **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone/APAP 10/325 #60 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for urine drug screening **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 7/12/2013. 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 extracorporeal shockwave therapy one time **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for six acupuncture sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for TGHot cream 240gm **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Fluriflex cream 240gm **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone/APAP 10/325 #60 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for urine drug screening **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:

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Clinical Rationale

The patient is a 57 year old female with a date of injury of 8/8/2002. The provider has submitted prospective requests for 1 extracorporeal shockwave therapy, 6 acupuncture sessions, 1 prescription of TGH cream 240mg, 1 prescription of naproxen 550mg #100, 1 prescription of hydrocodone/APAP 10/325mg #60, 1 prescription of omeprazole 20mg #100, 1 prescription of Fluriflex cream 240gm, x-rays of cervical spine and 1 urine drug screen.

Per the most recent evaluation by Dr. [REDACTED] MD on 7/5/2013, the patient continued to experience neck symptoms but reported that she gets benefit from oral medications and transdermal creams. Objective findings from the evaluation for the cervical spine included spasm, tightness, and tenderness in the paravertebral muscles and left levator scapulae. Range of motion was limited and x-rays show that arthrodesis has taken place. The patient's diagnoses include status post hardware removal 1/17/2005, status post 360 degree lumbar fusion of L3 to sacrum, status post cervical fusion at C5-6 with junctional discopathy at C4-5, keloid-abdominal incision site, bilateral shoulder impingement, L3-4 pseudarthrosis, status post revision of pseudarthrosis L3-4, status post hardware removal and fusion inspection 1/20/2010, and status post C4-5 anterior cervical discectomy and fusion with instrumentation 8/8/2012.

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

1) Regarding the request for extracorporeal shockwave therapy one time : 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 the American College of Occupational and Environmental Medicine, (ACOEM), 2nd Edition, (2004), , Extracorporeal Shockwave Therapy, Shoulder, Chapter 9 (Shoulder Complaints), pg. 203, which is part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder Chapter for ESWT, which is not part of the MTUS.

Rationale for the Decision:

The employee sustained an industrial related injury on 8/8/2002. Medical records submitted indicate that the employee is continues to experience neck symptoms. Treatments have included oral medications, transdermal creams, X-ray and an anterior cervical discectomy and fusion with instrumentation and bilateral shoulder impingement. A request was submitted for extracorporeal shockwave

therapy, acupuncture sessions x6, TGHOT gel 240gm, Fluriflex cream 240mg, Hydrocodone/APAP 10/325 #60 and a urine drug screen.

Official Disability Guidelines (ODG) recommends the use of Extracorporeal Shock Wave Therapy (ESWT) for patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. The medical records reviewed reported the employee to be experiencing pain; however there is no documentation of calcific tendonitis at the levator scapulae region. **The request for extracorporeal shockwave therapy x1 is not medically necessary and appropriate.**

2) **Regarding the request for six acupuncture sessions :**

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 the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines and the MTUS Definitions (f) "Functional improvement", which is part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury on 8/8/2002. Medical records submitted indicate that the employee is continues to experience neck symptoms. Treatments have included oral medications, transdermal creams, X-ray and an anterior cervical discectomy and fusion with instrumentation and bilateral shoulder impingement. A request was submitted for extracorporeal shockwave therapy, acupuncture sessions x6, TGHOT gel 240gm, Fluriflex cream 240mg, Hydrocodone/APAP 10/325 #60 and a urine drug screen.

MTUS Guidelines defines "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The medical records reviewed indicate that the employee has had prior acupuncture treatments however there is no documentation to demonstrate that the employee had any functional improvement from prior therapy or the outcome of the initial therapy. **The request for acupuncture sessions x6, is not medically necessary and appropriate.**

3) **Regarding the request for TGHOT cream 240gm :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS.

Rationale for the Decision:

The employee sustained an industrial related injury on 8/8/2002. Medical records submitted indicate that the employee is continues to experience neck symptoms. Treatments have included oral medications, transdermal creams, X-ray and an anterior cervical discectomy and fusion with instrumentation and bilateral shoulder impingement. A request was submitted for extracorporeal shockwave therapy, acupuncture sessions x6, TGHOT gel 240gm, Fluriflex cream 240mg, Hydrocodone/APAP 10/325 #60 and a urine drug screen.

The medical records provided do not discuss what medications the “TGHOT cream” is composed of. Medical Necessity has been defined under LC4610.5 (2) as treatment in accordance with MTUS. Since components of TGHOT are unknown, it cannot be compared against MTUS criteria, and therefore cannot be confirmed to be in accordance with MTUS. The request for TGHOT cream **is not medically necessary and appropriate.**

4) Regarding the request for Fluriflex cream 240gm :

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 the Chronic Pain Medical Treatment Guidelines, Topical Medications, Topical NSAIDs, Cyclobenzaprine, no pages cited, which is part of the MTUS.

The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS.

Rationale for the Decision:

The employee sustained an industrial related injury on 8/8/2002. Medical records submitted indicate that the employee is continues to experience neck symptoms. Treatments have included oral medications, transdermal creams, X-ray and an anterior cervical discectomy and fusion with instrumentation and bilateral shoulder impingement. A request was submitted for extracorporeal shockwave therapy, acupuncture sessions x6, TGHOT gel 240gm, Fluriflex cream 240mg, Hydrocodone/APAP 10/325 #60 and a urine drug screen.

Fluriflex is not in accordance with MTUS. MTUS states “*Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.*” MTUS states baclofen and other muscle relaxants are not recommended as a topical product. The muscle relaxant cyclobenzaprine component of the topical Fluriflex is not recommended. **The request for Fluriflex 240gm is not medically necessary and appropriate.**

5) Regarding the request for Hydrocodone/APAP 10/325 #60 :

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, Hydrocodone/Acetaminophen, no page cited, which is part of the MTUS.

The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Pain Intervention and treatment, page 11, Opioids, state medical boards guidelines, page 94, Pain Outcomes and Endpoints, page 8, which is part of the MTUS, and the Dept. of Consumer Affairs, Medical Board of California, Guidelines for prescribing controlled substances for pain, which is not part of the MTUS.

Rationale for the Decision:

The employee sustained an industrial related injury on 8/8/2002. Medical records submitted indicate that the employee is continues to experience neck symptoms. Treatments have included oral medications, transdermal creams, X-ray and an anterior cervical discectomy and fusion with instrumentation and bilateral shoulder impingement. A request was submitted for extracorporeal shockwave therapy, acupuncture sessions x6, TGHOT gel 240gm, Fluriflex cream 240mg, Hydrocodone/APAP 10/325 #60 and a urine drug screen.

MTUS Chronic Pain guidelines and the State Medical Board guidelines that MTUS refers to, recommend treating pain for as long as it persists. MTUS states the treatment shall be provided as long as the pain persists. If the medication is not providing a satisfactory response, MTUS states: "the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities" MTUS requires treatment of pain, but does not require discontinuing pain medications from an unsatisfactory response. A review of the medical records provided indicates that the employee has chronic neck and shoulder pain and that the current medication is working. **The request for Hydrocodone/APAP 10/325 #60 is medically necessary and appropriate.**

6) Regarding the request for a urine drug screening :

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 the University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages, 10, 32, 33, which is not part of the MTUS.

The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43 and Opioids, steps to avoid misuse/addiction, pages 94-95, which is part of the MTUS.

Rationale for the Decision:

The employee sustained an industrial related injury on 8/8/2002. Medical records submitted indicate that the employee is continues to experience neck symptoms.

Treatments have included oral medications, transdermal creams, X-ray and an anterior cervical discectomy and fusion with instrumentation and bilateral shoulder impingement. A request was submitted for extracorporeal shockwave therapy, acupuncture sessions x6, TGHOT gel 240gm, Fluriflex cream 240mg, Hydrocodone/APAP 10/325 #60 and a urine drug screen.

The frequency for performing Urine Drug Screen (UDS) are not discussed in MTUS, but the Official Disability Guidelines (ODG) states twice a year and the criteria cited by UR specifies one test between Jan and June and the other between July and Dec. The medical records submitted do not indicate that there was any indication or risk for abuse. The frequency for the UDS is not in accordance with ODG or the University of Michigan guidelines, therefore the request for a urine drug screen **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

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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.