
Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

6/15/2001

7/25/2013

CM13-0003342

- 1) MAXIMUS Federal Services, Inc. has determined the request for three month supply of Tramadol 50mg #270 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for three month supply of Protonix 20mg #180 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for three month supply of Naproxen Sodium 550mg #180 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #60 with two refills **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for labs, CMP and CBC **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 7/30/2013. 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 three month supply of Tramadol 50mg #270 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for three month supply of Protonix 20mg #180 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for three month supply of Naproxen Sodium 550mg #180 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #60 with two refills **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for labs, CMP and CBC **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 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 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:

NO Clinical Summary was provided with the Utilization Determination Review dated 7/16/2013

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)
- Employee Medical Records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request three month supply of Tramadol 50mg #270:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide any evidenced-based criteria for its decision. The provider did not dispute the lack of guidelines from the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Tramadol, pages 93-94, part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 6/15/2001. The submitted and reviewed medical records indicate that the employee's increased pain is not affecting sleep but the supply of medication was exhausted and was seen on 06/28/2013 for a refill of medications. Physical examination of the employee noted pain to the midline with visible muscular spasms. The employee complained of tenderness in the lumbar musculature with lumbar range of motion generally full; however, with pain at end ranges and FABER test negative bilaterally. Straight leg raise had failed to reveal any signs of dural irritation, but did elicit lower back pain. The employee had deep tendon reflexes of 2+ with motor function graded as 5/5. Notes indicate that the employee was permanent and stationary and is returned on 06/23/2013 indicating a flare-up of lower back pain with a request for medication refills. Notes indicate that the employee does have a stipulated award for future medical care. Recommendation was made in the treatment plan for a 3 month supply of Tramadol 50 mg, Protonix 20 mg, and Naproxen 550 mg, Soma 350 mg # 60 with two refills, and for labs CMP and CBC.

MTUS Chronic Pain guidelines indicate that Tramadol is a synthetic opioid affecting the central nervous system and is not classified as a controlled substance by the DEA. Tramadol is indicated for moderate to moderately severe pain. The documentation submitted for review indicates that the patient had been treated with Tramadol since at least 01/02/2013. However, while notes indicate that the patient returns with evidence of muscle spasms, tenderness in the lumbar paramusculature, there is a lack of documentation indicating functional improvement of the patient with the medication. Furthermore, there is a lack of documentation indicating approved ability to undertake activities of daily living as a result of having used Tramadol. Therefore, recommendation for the medication is not supported. The request for Tramadol 50 mg #270 **is not medically necessary and appropriate.**

2) Regarding the request for three month supply of Protonix 20mg #180:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide any evidenced-based criteria for its decision. The provider did not dispute the lack of guidelines from the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & cardiovascular risk, page 68, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 6/15/2001. Notes indicate that the employee's increased pain is not affecting sleep but the supply of medication was exhausted and was seen on 06/28/2013 for a refill of medications. Physical examination of the employee noted pain to the midline with visible muscular spasms. The employee complained of tenderness in the lumbar musculature with lumbar range of motion generally full; however, with pain at end ranges and FABER test negative bilaterally. Straight leg raise had failed to reveal any signs of dural irritation, but did elicit lower back pain. The employee had deep tendon reflexes of 2+ with motor function graded as 5/5. Notes indicate that the employee was permanent and stationary and is returned on 06/23/2013 indicating a flare-up of lower back pain with a request for medication refills. Notes indicate that the employee does have a stipulated award for future medical care. Recommendation was made in the treatment plan for a 3 month supply of Tramadol 50 mg, Protonix 20 mg, and Naproxen 550 mg, Soma 350 mg # 60 with two refills, and for labs CMP and CBC.

MTUS Chronic Pain guidelines indicate that proton pump inhibitors, such as Protonix, are recommended for patients at intermediate risk of gastrointestinal events. However, current documentation submitted for review fails to indicate current GI symptoms of the patient or the patient's risk of gastrointestinal events. Therefore, the request for 3 months supply of Protonix 20 mg #180 **is not medically necessary and appropriate.**

3) **Regarding the request three month supply of Naproxen Sodium 550mg #180:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide any evidenced-based criteria for its decision. The provider did not dispute the lack of guidelines from the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 6/15/2001. Notes indicate that the employee's increased pain is not affecting sleep but the supply of medication was exhausted and was seen on 06/28/2013 for a refill of medications. Physical examination of the employee noted pain to the midline with visible muscular spasms. The employee complained of tenderness in the lumbar musculature with lumbar range of motion generally full; however, with pain at end ranges and FABER test negative bilaterally. Straight leg raise had failed to reveal any signs of dural irritation, but did elicit lower back pain. The employee had deep tendon reflexes of 2+ with motor function graded as 5/5. Notes indicate that the employee was permanent and stationary and is returned on 06/23/2013 indicating a flare-up of lower back pain with a request for medication refills. Notes indicate that the employee does have a stipulated award for future medical care. Recommendation was made in the treatment plan for a 3 month supply of

Tramadol 50 mg, Protonix 20 mg, and Naproxen 550 mg, Soma 350 mg # 60 with two refills, and for labs CMP and CBC.

MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first-line of treatment to reduce pain so that activity and functional restoration can resume, but long-term use may not be warranted. The documentation submitted for review indicates that the patient has been prescribed this medication since at least 01/02/2013. However, there is a lack of documentation indicating that the patient has pain alleviated with the use of naproxen sodium. Furthermore, there is a lack of documentation indicating increase in the patient's range of motion or decrease in patient's numeric pain scales indicating efficacy of the medication. The request for 3 month supply of Naproxen 550 mg #180 **is not medically necessary and appropriate.**

4) **Regarding the request Soma 350mg #60 with two refills:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide any evidenced-based criteria for its decision. The provider did not dispute the lack of guidelines from the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma®), page 29, part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 6/15/2001. Notes indicate that the employee's increased pain is not affecting sleep but the supply of medication was exhausted and was seen on 06/28/2013 for a refill of medications. Physical examination of the employee noted pain to the midline with visible muscular spasms. The employee complained of tenderness in the lumbar musculature with lumbar range of motion generally full; however, with pain at end ranges and FABER test negative bilaterally. Straight leg raise had failed to reveal any signs of dural irritation, but did elicit lower back pain. The employee had deep tendon reflexes of 2+ with motor function graded as 5/5. Notes indicate that the employee was permanent and stationary and is returned on 06/23/2013 indicating a flare-up of lower back pain with a request for medication refills. Notes indicate that the employee does have a stipulated award for future medical care. Recommendation was made in the treatment plan for a 3 month supply of Tramadol 50 mg, Protonix 20 mg, and Naproxen 550 mg, Soma 350 mg # 60 with two refills, and for labs CMP and CBC.

MTUS Chronic Pain guidelines note that Soma is not indicated for long-term use with carisoprodol indicated as a commonly prescribed, centrally acting, skeletal muscle relaxant whose primary active metabolite is meprobamate. The documentation submitted for review indicates the patient has been prescribed this medication since at least 01/02/2013. However, there is a lack of documentation indicating efficacy of this medication for the patient in treatment of her lower back pain. There is a lack of documentation indicating improvement in the patient's abilities to undertake activities of daily living or a decrease in the patient's pain scales with the use of Soma. The request for Soma 350 mg #60 with 2 refills **is not medically necessary and appropriate.**

5) **Regarding the request labs, CMP and CBC:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide any evidenced-based criteria for its decision. The provider did not dispute the lack of guidelines from the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects, page 70, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 6/15/2001. Notes indicate that the employee's increased pain is not affecting sleep but the supply of medication was exhausted and was seen on 06/28/2013 for a refill of medications. Physical examination of the employee noted pain to the midline with visible muscular spasms. The employee complained of tenderness in the lumbar musculature with lumbar range of motion generally full; however, with pain at end ranges and FABER test negative bilaterally. Straight leg raise had failed to reveal any signs of dural irritation, but did elicit lower back pain. The employee had deep tendon reflexes of 2+ with motor function graded as 5/5. Notes indicate that the employee was permanent and stationary and is returned on 06/23/2013 indicating a flare-up of lower back pain with a request for medication refills. Notes indicate that the employee does have a stipulated award for future medical care. Recommendation was made in the treatment plan for a 3 month supply of Tramadol 50 mg, Protonix 20 mg, and Naproxen 550 mg, Soma 350 mg # 60 with two refills, and for labs CMP and CBC.

MTUS Chronic Pain Guidelines would support periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests); however, the requested Naproxen has not been indicated as medically necessary and therefore, the necessity of the requested labs has not been established. The request for labs CMP and CBC **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

/bh

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.