

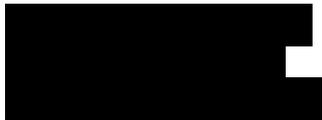
MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/11/2013



Employee:	
Claim Number:	
Date of UR Decision:	7/10/2013
Date of Injury:	4/4/2008
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003595

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 second opinion consult for possible cervical ESI **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for unknown pool therapy visits **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 6 month gym membership **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for lyrica 75 mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 30 ultram ER 150 mg **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for unknown quantity of cymbalta 60 mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 1 second opinion consult for possible cervical ESI **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for unknown pool therapy visits **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 6 month gym membership **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 75 mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 30 Ultram ER 150 mg **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for unknown quantity of Cymbalta 60 mg **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 10, 2013.

The patient is a 42 year old female with a date of injury of 4/4/2008. Under consideration is a prospective review for 1 second opinion consult for possible cervical ESI, unknown pool therapy visits, a 6 month gym membership, 1 follow up in 4-6 weeks, 60 Lyrica 75mg, 30 Ultram ER 150mg and unknown

effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The guidelines recommend that daily dosing of Lyrica be administered in three equal doses, not to exceed 300 mg per day after upward titration.

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 07/26/2013)
- Utilization Review Determination from [REDACTED] (dated 07/10/2013)
- Employee Medical Records from [REDACTED] (dated 08/12/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 second opinion consult for possible cervical ESI :

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 Official Disability Guidelines (ODG) which are not part of MTUS.

The Expert Reviewer based his/her decision on Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pg. 89-92 which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 4/4/2008 resulting in pain in the right arm and wrist. Medical records provided for review indicate the employee has undergone right wrist surgery in 2008 and again in 2009. The request is for a second opinion consult for possible cervical epidural steroid injection (ESI).

MTUS/ACOEM guidelines do recommend referrals in cases of delayed recovery. However, the documentation provided indicates the employee is being recommended for a lumbar epidural steroid injection. Furthermore, there is a lack of physical exam findings and imaging evidence to support radiculopathy to warrant a possible cervical epidural steroid injection. There appears to be a discrepancy between the request and written treatment plan. **The request for a second opinion consult for possible cervical ESI is not medically necessary and appropriate.**

2) Regarding the request for unknown pool therapy visits :

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 California Chronic Pain Medical Treatment Guidelines, May 2009, which is a part of Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 22 which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 4/4/2008 resulting in pain in the right arm and wrist. Medical records provided for review indicate the employee has undergone right wrist surgery in 2008 and again in 2009. The request is for unknown pool therapy visits.

MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy. In this case, the clinical notes indicate the employee has been routinely recommended for 12 additional aquatic therapy visits. The documentation submitted for review does not provide an adequate clinical rationale for why the employee would require aquatic therapy versus a land-based therapy. Furthermore, there is a lack of documentation of the efficacy of prior pool therapy visits to warrant additional treatment. **The request is for unknown pool therapy visits is not medically necessary and appropriate.**

3) Regarding the request for 6 month gym membership :

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 Official Disability Guidelines, Low Back – Lumbar & Thoracic (Acute & Chronic).

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 Official Disability Guidelines, Low Back Chapter, Online Edition, Gym memberships.

Rationale for the Decision:

Official Disability Guidelines do not recommend gym memberships as a medical prescription unless there is documented home exercise program with periodic assessment and revision which has not been effective and there is a need for equipment. The documentation submitted for review does not provide an adequate clinical rationale as to an ineffective home exercise program or the need for specific gym equipment. **The request for 6 month gym membership is not medically necessary and appropriate.**

4) Regarding the request for lyrica 75 mg #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 Official Disability Guidelines (ODG) (current version), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 19-20, which is part of MTUS.

Rationale for the Decision:

MTUS Guidelines recommend Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. The medical records provided for review lack the documentation to support the employee has this diagnosis or a clinical rationale to warrant increase of Lyrica from 50 mg to 75 mg. **The request for lyrica 75 mg #60 is not medically necessary and appropriate.**

5) Regarding the request for 30 ultram ER 150 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 California Chronic Pain Medical Treatment Guidelines, pg. 93-94, which is a part of Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines state monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors) should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is lack of documentation for concurrent use of tramadol with SNRIs or other drugs that may impair serotonin metabolism. There is also a lack of documentation of significant pain relief for objective functional improvement as well as random urine drug screens. **The request for 30 ultram ER 150 mg is not medically necessary and appropriate.**

6) Regarding the request for unknown quantity of cymbalta 60 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 California Chronic Pain Medical Treatment Guidelines, May 2009, which is a part of Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 43-44, which is part of the MTUS.

Rationale for the Decision:

MTUS Guidelines recommend Cymbalta for a first line treatment option for neuropathic pain. Cymbalta is also recommended for depression and anxiety. The medical records provided for review indicate the employee has been using Cymbalta with benefit, however, given the lack of a specific requested quantity, it cannot be determined if the request is within guideline criteria. **The request for unknown quantity of cymbalta 60mg 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.