
Notice of Independent Medical Review Determination

Dated: 10/30/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/19/2013

6/30/2011

7/26/2013

CM13-0003646

- 1) MAXIMUS Federal Services, Inc. has determined the request for MS Contin 30mg, frequency and quantity unknown **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg, frequency and quantity unknown **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Relafen 750mg, frequency and quantity unknown **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Ambien 5mg, frequency and quantity unknown **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Reglan 10mg, frequency and quantity unknown **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 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 MS Contin 30mg, frequency and quantity unknown **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg, frequency and quantity unknown **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Relafen 750mg, frequency and quantity unknown **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Ambien 5mg, frequency and quantity unknown **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Reglan 10mg, frequency and quantity unknown **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.

Expert Reviewer Case Summary:

The patient is a 51-year-old female who reported a work-related injury on 06/30/2011 as a result of a fall. Subsequently, the patient is status post a right open knee surgery stem cell implant for loss of cartilage as of 04/04/2013. The patient had a prior history of arthroscopic knee surgery as of 03/2012, and cervical fusion, specific date of procedure not stated. The clinical notes evidence the patient has utilized her current medication since at least 07/2012. The clinical note dated 07/01/2013 reports the patient was seen for followup under the care of Dr. [REDACTED]. The provider documents the patient presents with continued persistent pain to her right knee. The provider documents the patient was instructed to begin 50% weight-bearing to the right knee. The patient has been experiencing increased pain to the left side of the neck from utilization of crutches. The provider documents the patient utilizes MS Contin 30 mg 1 by mouth twice a day, Norco 10/325 mg 1 by mouth twice a day, Relafen 750 by mouth twice a day, Ambien 5 mg by mouth at bedtime, and Reglan 10 mg twice a day. The patient did not have antigravity strength at the right lower extremity upon physical exam. The patient was able to

straighten the knee out to neutral position. The provider documented administration of trigger point injections to the left trapezius. The provider recommended the patient begin physical therapy interventions as soon as possible.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MS Contin 30mg, frequency and quantity unknown:

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 in its utilization review determination letter. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 78, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 6/30/2011 and experiencing pain in the left shoulder and neck radiating down to the lower back. The request is for MS Contin 30mg, frequency and quantity unknown.

MTUS guidelines indicate “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.” Medical records submitted and reviewed indicate the employee has currently utilized the medication regimen for over a year and a half with documentation not evidencing the clear efficacy of the employee’s treatment, as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality. Given that the request continues to lack the frequency and quantity, **the request for MS Contin 30mg, frequency and quantity unknown is not medically necessary and appropriate.**

2) Regarding the request for Norco 10/325mg, frequency and quantity unknown:

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 in its utilization review determination letter. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 78, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 6/30/2011 and experiencing pain in the left shoulder and neck radiating down to the lower back. The request is for Norco 10/325mg, frequency and quantity unknown.

MTUS guidelines indicate “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.” Medical records submitted and reviewed indicate the employee has currently utilized the medication regimen for over a year and a half with documentation not evidencing the clear efficacy of the employee’s treatment, as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality. Given that the request continues to lack the frequency and quantity, **the request for Norco 10/325mg, frequency and quantity unknown is not medically necessary and appropriate.**

3) Regarding the request for Relafen 750mg, frequency and quantity unknown:

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 in its utilization review determination letter. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009) pgs. 73-74, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 6/30/2011 and experiencing pain in the left shoulder and neck radiating down to the lower back. The request is for Relafen 750mg, frequency and quantity unknown.

Medical records submitted and reviewed lack documentation of the employee’s reports of efficacy with the current medication regimen as evidenced by a decrease in rate of pain on VAS and increase in objective functionality. The medical records show evidence the employee has utilized the current medication

regimen for well over a year and a half. The employee has undergone multiple injections to the knee and upper back and cervical spine with no documentation indicating a decrease in the employee's medication usage. As the current request continues to lack clarification of frequency and quantity for this medication, **the request for Relafen 750 mg is not medically necessary and appropriate.**

4) Regarding the request for Ambien 5mg, frequency and quantity unknown:

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 in its utilization review determination letter. 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), Pain Chapter, Zolpidem (Ambien).

Rationale for the Decision:

The employee was injured on 6/30/2011 and experiencing pain in the left shoulder and neck radiating down to the lower back. The request is for Ambien 5mg, frequency and quantity unknown.

Official Disability Guidelines indicate, "Zolpidem is a prescription short acting non-benzodiazepine hypnotic which is approved for the short-term usually 2 to 6 weeks for treatment of insomnia." The medical records submitted and reviewed indicate the employee has utilized the current medication regimen for well over a year and a half, and has been utilizing this medication chronic in nature which in general is discouraged per guidelines. **The request for Ambien 5mg, frequency and quantity unknown is not medically necessary and appropriate.**

5) Regarding the request for Reglan 10mg, frequency and quantity unknown:

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 in its utilization review determination letter. 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 Physician Desk Reference, Reglan.

Rationale for the Decision:

The employee was injured on 6/30/2011 and experiencing pain in the left shoulder and neck radiating down to the lower back. The request is for Reglan 10mg, frequency and quantity unknown.

Physician Desk Reference indicates, "Reglan is to be utilized in adults for 4 to 12 weeks to relieve heartburn symptoms associated with GERD when certain other

treatments do not work.” Medical records submitted and reviewed indicate that the employee had failed with other treatments for the gastrointestinal complaints. Records indicate the employee has utilized this medication for well over a year and a half. **The request for Reglan 10mg, frequency and quantity unknown 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

/ldh

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.