
Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

1/22/2007

7/26/2013

CM13-0003671

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Dendracin cream is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Dendracin cream for next visit is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60 for next visit is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol ER 150mg, #10 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol ER 150mg #10 for next visit is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **Acetadryl 50/500mg #50 is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **Acetadryl 50/500mg #50 for next visit is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for **TENS pads #3 is not medically necessary and appropriate.**

- 10)MAXIMUS Federal Services, Inc. has determined the request for **TENS #3 pads for next visit is not medically necessary and appropriate.**
- 11)MAXIMUS Federal Services, Inc. has determined the request for **Medrox Patches #15 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 7/12/2013. 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 **Dendracin cream is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Dendracin cream for next visit is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60 for next visit is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol ER 150mg, #10 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol ER 150mg #10 for next visit is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **Acetadryl 50/500mg #50 is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **Acetadryl 50/500mg #50 for next visit is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for **TENS pads #3 is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for **TENS #3 pads for next visit is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the request for **Medrox Patches #15 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 43-year-old female who reported a work-related injury on 01/22/2007, as a result of a crush injury to the long right middle finger. The patient is status post amputation of the tip of her right middle finger of over 6 years ago. The clinical notes evidence the patient presents for treatment for the following diagnoses, crush injury to the long finger with injury to the nail bed and bone status post repair of the nail with residual spoon shaped deformity of the distal phalanx with sensitivity scarring and hardening tissue at the tip of the distal phalanx and loss of motion along the PIP joint with decreased sensation, in addition sleep and depression complaints. The clinical note dated 04/11/2013 reports the patient was seen for follow-up under the care of Dr. [REDACTED] for her pain complaints. The provider documents the patient continues to report numbness along the right middle finger and also intermittent pain. The patient reports difficulty of grip strength and had recently been approved for physical therapy which the patient has not yet started. The provider documented the patient utilizes Ambien for sleep and Vicodin for pain. The provider documented upon physical exam of the patient, tenderness along the middle finger on the right hand was reported; otherwise, good grip strength was noted. The provider documented the patient would continue physical therapy, the provider rendered request for acupuncture for the cervical spine as well as the right shoulder and upper back. The provider documented the perspective requests for medications for the patient's next visit including Vicodin, Ambien, Voltaren, Flexeril, Dendracin, Naproxen sodium, tramadol, Prilosec, Acetadryl, and TENS pads. The clinical note dated 06/11/2013 reports the patient was seen for follow-up again under the care of Dr. [REDACTED]. The provider documented the patient continues to present with issues with sleep, stress and depression. The provider documented upon physical exam of the patient, motion was limited, tenderness along the nail bed was noted, the patient had nail deformity mainly a spoon shaped deformity, and hardening along the distal phalanx with loss of motion and loss of tissue and decreased sensation. The provider documented again recommendations for the patient to utilize the following, Dendracin, naproxen, Prilosec, tramadol, Acetadryl, and TENS pads.

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
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Dendracin cream:

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, Capsaicin, topical, pages 28-29, and 112-113, which is a part of MTUS.

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

Rationale for the Decision:

The Chronic Pain guidelines do not recommend topical analgesic creams and patches as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants. The medical records provided for review did not document or provide any evidence that antidepressants or anticonvulsants have been tried and failed. Additionally, the records indicate that the employee is also utilizing Voltaren gel, and there was no documented rationale in the records as to why the employee was utilizing 2 topical creams for pain control. The medical records also lack evidence of the employee's efficacy with the current medication regimen, and whether there has been a decrease in the employee's rate of pain on a visual analog scale (VAS) and increase in objective functionality. **The request for Dendracin cream is not medically necessary and appropriate.**

2) Regarding the request for Dendracin cream for next visit:

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, Capsaicin, topical, pages 28-29, and 112-113, which is a part of MTUS.

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

Rationale for the Decision:

The Chronic Pain guidelines do not recommend topical analgesic creams and patches as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants. The medical records provided for review did not document or provide any evidence that antidepressants or anticonvulsants have been tried and failed. Additionally, the records indicate that the employee is also utilizing Voltaren gel, and there was no documented rationale in the records as to why the employee was utilizing 2 topical creams for pain control. The medical records also lack evidence of the employee's efficacy with the current medication regimen, and whether there has been a decrease in the employee's rate of pain on a visual analog scale (VAS) and increase in objective functionality. **The request for Dendracin cream for next visit is not medically necessary and appropriate.**

3) Regarding the request for Prilosec 20mg #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, NSAIDs, GI Symptoms, & Cardiovascular Risk, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 69-69, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that this medication is supported for patients who present with gastrointestinal (GI) symptoms or risk factors. A review of the submitted medical records lack documentation that the employee has presented with any GI symptoms or side effects. There is no clinical information submitted to support the necessity for this medication. **The request for Prilosec 20mg #60 is not medically necessary and appropriate.**

4) Regarding the request for Prilosec 20mg #60 for next visit:

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, NSAIDs, GI Symptoms, & Cardiovascular Risk, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 69-69, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that this medication is supported for patients who present with gastrointestinal (GI) symptoms or risk factors. A review of the submitted medical records lack documentation that the employee has presented with any GI symptoms or side effects. There is no clinical information submitted to support the necessity for this medication. **The request for Prilosec 20mg #60 for next visit is not medically necessary and appropriate.**

5) Regarding the request for Tramadol ER 150mg, #10:

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, Tramadol (Ultram®), pages 93-94, & 113, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram®), pages 93-94, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state indicates, “4 A’s” should be performed. “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.” A review of the submitted medical records do not document that the employee had any objective evidence of derived functional benefit. The clinical notes also do not document the employee’s pain on a visual analog scale (VAS) with and without medication utilization. **The request for Tramadol ER 150mg, #10 is not medically necessary and appropriate.**

6) Regarding the request for Tramadol ER 150mg #10 for next visit:

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, Tramadol (Ultram®), pages 93-94, & 113, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram®), pages 93-94, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state indicates, “4 A’s” should be performed. “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.” A review of the submitted medical records do not document that the employee had any objective evidence of derived functional benefit. The clinical notes also do not document the employee’s pain on a visual analog scale (VAS) with and without medication utilization. **The request for Tramadol ER 150mg, #10 for the next visit is not medically necessary and appropriate.**

7) Regarding the request for Acetadryl 50/500mg #50:

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 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 Other Medical Treatment Guidelines, specifically citing the Acetadryl drug package insert.

Rationale for the Decision:

Acetadryl drug package insert indicates that Acetadryl is a medication comprised of Benadryl and Tylenol. A review of the submitted medical records reveals that the employee is utilizing this medication to help with insomnia. The records also indicate that the employee is using Ambien in conjunction with the Acetadryl. There is no clear rationale or evidence provided in the records as to why the employee is using both medications to treat the insomnia. There is no documentation of the efficacy of this medication and if it is working to treat the insomnia. **The request for Acteadryl 50/500mg #50 is not medically necessary and appropriate.**

8) Regarding the request for Acetadryl 50/500mg #50 for next visit:

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 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 Other Medical Treatment Guidelines, specifically citing the Acetadryl drug package insert.

Rationale for the Decision:

Acetadryl drug package insert indicates that Acetadryl is a medication comprised of Benadryl and Tylenol. A review of the submitted medical records reveals that the employee is utilizing this medication to help with insomnia. The records also indicate that the employee is using Ambien in conjunction with the Acetadryl. There is no clear rationale or evidence provided in the records as to why the employee is using both medications to treat the insomnia. There is no documentation of the efficacy of this medication and if it is working to treat the insomnia. **The request for Acteadryl 50/500mg #50 for the next visit is not medically necessary and appropriate.**

9) Regarding the request for TENS pads #3:

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, Criteria for the use of transcutaneous electrical nerve stimulation (TENS), page 114, which is a part of the MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Criteria for the use of transcutaneous electrical nerve stimulation (TENS), page 116, which is a part of the MTUS.

Rationale for the Decision:

A review of the submitted medical records do not document that the employee was using the TENS as part of a comprehensive rehabilitation program. There was no evidence provided indicating the functional benefit or efficacy with the use of the TENS. **The request for TENS pads #3 is not medically necessary and appropriate.**

10)Regarding the request for TENS #3 pads for next visit:

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, Criteria for the use of transcutaneous electrical nerve stimulation (TENS), page 114, which is a part of the MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Criteria for the use of transcutaneous electrical nerve stimulation (TENS), page 116, which is a part of the MTUS.

Rationale for the Decision:

A review of the submitted medical records do not document that the employee was using the TENS as part of a comprehensive rehabilitation program. There was no evidence provided indicating the functional benefit or efficacy with the use of the TENS. **The request for TENS pads #3 for the next visit is not medically necessary and appropriate.**

11)Regarding the request for Medrox Patches #15:

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, Capsaicin, topical, pages 28-29 & 112-113, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain guidelines do not recommend topical analgesic creams and patches as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants. The medical records provided for review did not document or provide any evidence that antidepressants or anticonvulsants have been tried and failed. The medical records also lack evidence of the employee's efficacy with the current medication regimen, and whether there has been a decrease in the employee's rate of pain on a visual analog scale (VAS) and increase in objective functionality. **The request for Medrox Patches #15 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

/ejf

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.