

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 1/15/2010
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004557

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325 #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 5mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Somnicin #30 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Ketoprofen - Nap- cream **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Cap -Nap- Cream 5+TGC **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for follow-up visit with pain management **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 Norco 10/325 #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 5mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Somnicin #30 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Ketoprofen - Nap- cream **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Cap -Nap-Cream 5+TGC **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for follow-up visit with pain management **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 Pain Management, 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 29-year-old male who reported a work related injury on 01/15/2010, as the result of strain to the lumbar spine. MRI of the lumbar spine dated 05/05/2011 signed by Dr. [REDACTED] documents: (1) an L4-5 disc protrusion that abuts the thecal sac, the neural foramina are patent; (2) at the L5-S1, broad based disc protrusion abuts the thecal sac and produces spinal canal narrowing and bilateral foraminal narrowing; (3) straightening of the lumbar lordosis which may be due to myospasm. The 2 most recent clinical notes submitted for review by the treating provider [REDACTED], PA-C are both handwritten and difficult to interpret due to illegible penmanship and poor photo quality. The provider does document the patient presents with lumbar spine pain

complaints, however the patient's rate of pain on a VAS scale was not evidenced. The provider documents the patient has continued to utilize her medication regimen which includes Norco, Prilosec, Flexeril, Somnicin, topical analgesics, as well as continued followup with pain management.

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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Norco 10/325 #90 :

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 MTUS Chronic Pain Medical Treatment Guidelines, pages 76-80, 91-94, Opioids, specific drug list, which are part of MTUS. The Claims Administrator also based its decision on ODG, Pain Chapter – Weaning, opioids, which are not part of the MTUS.

The Expert Reviewer based his/her decisions on the Chronic Pain Medical Treatment Guidelines (2009), Section On-Going Management, page 78, which is part of MTUS.

Rationale for the Decision:

California MTUS indicates, "Norco is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain employees 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 behaviors). The employee has remained off work, no quantifiable pain scores were documented, and no efficacy was reported with the employee's current medication regimen. Guideline criteria are not met **The request for Norco 10/325 #90 is not medically necessary and appropriate.**

2) 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 www.drugs.com/pro/prilosec, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Section NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, which are part of the MTUS.

Rationale for the Decision:

The clinical notes additionally lacked evidence of the employee utilizing any anti-inflammatories and would not require gastric prophylactics such as the use of Prilosec. The records submitted for review lack documentation showing that the employee had any type of gastritis, esophagitis, or other gastrointestinal illnesses for which Prilosec is supported. The request for Prilosec 20 mg #60 is not medically necessary and appropriate.

3) Regarding the request for Flexeril 5mg #90 :

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 MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants, (for pain), which is part of MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (2009), Section Cyclobenzaprine (Flexeril), pages 41-42, which is part of MTUS.

Rationale for the Decision:

California MTUS indicates, "This medication is recommended as an option using a short course of therapy." The clinical notes do not evidence documentation that the employee reports any objective functional improvement in function, or decrease in rate of pain on a Visual Analog Scale as the result of utilizing this medication in a chronic nature. **The request for Flexeril 5mg #90 is not medically necessary and appropriate.**

4) Regarding the request for Somnicin #30 :

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 ODG, Pain Chapter, Insomnia Treatment as well as <http://www.prlog.org/11964811-hootan-melamed-pharmd-and-los-angeles-based-pharmaceutical-company-alexso-inc-make-announcement.html>, which are not part of 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), Medical Food.

Rationale for the Decision:

This medication is noted as medical food in the medical food class, which Official Disability Guidelines indicate, "Is a food which is formulated to be consumed or

administered internally under the supervision of a physician in which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation.” As noted in the previous adverse determination, the clinical notes lacked evidence of the employee presenting with sleep pattern complaints. **The request for Somnicin #30 is not medically necessary and appropriate.**

5) Regarding the request for Ketoprofen -Nap- 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 California MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113, Topical Analgesics, which are part of MTUS, and www.napharm.com/formulation (Ketoprofen cream section), which is not part of MTUS.

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

Rationale for the Decision:

California MTUS indicates, “Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis.” Additionally, guidelines indicate that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The clinical documentation submitted lacks evidence of the employee’s reports of efficacy with this medication as supported by a decrease in rate of pain on a Visual Analog Scale or increase in objective functionality. The medication includes ketoprofen which is not supported via guidelines. **The request for Ketoprofen-Nap-cream is not medically necessary and appropriate.**

6) Regarding the request for Cap -Nap- Cream 5+TGC:

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 ODG, Pain Chapter, Glucosamine (and chondroitin Sulfate), which is not part of MTUS.

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

Rationale for the Decision:

California MTUS indicates, “Capsaicin is recommended for patients who have not responded or are intolerant to other treatments for osteoarthritis, postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain.” The clinical documentation submitted for review lacked evidence of the above presentation for the employee. In addition, the clinical notes lacked evidence of the clear

efficacy of this medication for the employee's pain complaints as evidenced by documented decrease in rate of pain on a Visual Analog Scale and increase in objective functionality. Therefore, given all of the above, the request for "Cap – Nap- Cream 5+ TGC" is not medically necessary or appropriate.

7) Regarding the request for follow-up visit with pain management :

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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Low Back, Follow-up Visits.

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

Rationale for the Decision:

The clinical notes lacked evidence to support the employee returning for a followup visit with pain management. The clinical notes do not show evidence how often the employee sees the provider, or clear assessment of the pain to support current medication regimen or continued pain management visits with the provider. **The request for follow-up visit with pain management 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.