
Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 4/18/2011
IMR Application Received: 7/31/2013
MAXIMUS Case Number: CM13-0004867

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin 7.5/750mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 7.5mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Gabaclyotram 180g cream is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen 180g cream is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Terocin 240ml cream is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **Laxacin 50mg is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **urine toxicology is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 **Vicodin 7.5/750mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 7.5mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Gabacyclotram 180g cream is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen 180g cream is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Terocin 240ml cream is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **Laxacin 50mg is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **urine toxicology 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 Preventive Medicine and Occupational Medicine 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:

This patient has had complaints of right elbow and wrist pain, diagnosed with sprain/strain, and has undergone treatment for right cubital tunnel syndrome, surgical release, with improvement in her pain and numbness noted. She tried Ultram for pain relief, without benefit, while trying to decide whether to pursue right wrist surgery.

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 Vicodin 7.5/750mg:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioid, page 76-96, and pg. 80, which are part of the MTUS.

Rationale for the Decision:

There was not clear documentation of moderate to severe pain, as indicated in the Chronic Pain Guidelines. Nor was there a trial that showed functional benefit of the narcotic medication. **The request for Vicodin 7.5/750mg is not medically necessary and appropriate.**

2) Regarding the request for Flexeril 7.5mg:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS, and the Official Disability Guidelines, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antispasticity Drugs section, pp. 64-65, which are part of the MTUS.

Rationale for the Decision:

The use of skeletal muscle relaxants is recommended short term for demonstrated muscular pain. The presence of muscular pain is not clearly demonstrated. **The request for Flexeril 7.5mg is not medically necessary and appropriate.**

3) Regarding the request for Omeprazole 20mg:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, GI Symptoms and Cardiovascular Risk section, pgs. 68-69, which are part of the MTUS.

Rationale for the Decision:

Omeprazole, a proton-pump inhibitor, can be indicated for protective effects from NSAID administration. There is no evidence of NSAID being prescribed, nor any risk stratification for GI bleed presented for review. It does not appear to be needed. **The request for Omeprazole 20mg is not medically necessary and appropriate.**

4) Regarding the request for Gabacyclotram 180g cream:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111-112, which are part of the MTUS.

Rationale for the Decision:

The guidelines note that topical creams may be considered when the patient has neuropathic pain and antidepressants and anticonvulsants have been tried and failed. There is no evidence of this trial to approve the topical creams requested. **The request for Gabacyclotram 180g cream is not medically necessary and appropriate.**

5) Regarding the request for Flurbiprofen 180g cream:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111-112, which are part of the MTUS.

Rationale for the Decision:

The guidelines note that topical creams may be considered when the patient has neuropathic pain and antidepressants and anticonvulsants have been tried and failed. There is not evidence of this trial to approve the topical creams requested. **The request for Flurbiprofen 180g cream is not medically necessary and appropriate.**

6) Regarding the request for Terocin 240ml cream:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111-112, which are part of the MTUS.

Rationale for the Decision:

The guidelines note that topical creams may be considered when the patient has neuropathic pain and antidepressants and anticonvulsants have been tried and failed. There is not evidence of this trial to approve the topical creams requested. **The request for Terocin 240ml cream is not medically necessary and appropriate.**

7) Regarding the request for Laxacin 50mg:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Mosby's Drug Consult, which is not part of the MTUS

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids – Initiating Therapy, pg. 77, which is part of the MTUS.

Rationale for the Decision:

The docusate and senna combination would serve as a stool softener, important to prevent constipation. Narcotic medication can cause severe constipation. However, since Vicodin is not medically necessary, the Laxacin is not required or necessary. **The request for Laxacin 50mg is not medically necessary and appropriate.**

8) Regarding the request for urine toxicology:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

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

Rationale for the Decision:

Medication monitoring with urine toxicology would be appropriate for narcotic prescribing, such as Vicodin, however, since the Vicodin is not medically necessary, it is not needed or necessary. **The request for urine toxicology 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.