
Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/17/2013

8/31/2009

7/31/2013

CM13-0004977

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Etodolac (Express Scripts) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Tramadol (Express Scripts) is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Lidoerm Patch (Express Care) is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescripton of Orphenadrine Cit 100mg (Express Care) 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 7/17/2013. 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 **one (1) prescription of Etodolac (Express Scripts) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Tramadol (Express Scripts) is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Lidoerm Patch (Express Care) is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescripion of Orphenadrine Cit 100mg (Express Care) 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 injury on 08/31/2009. The mechanism of injury was stated to be the patient was looking at a picture and a young detective struck the patient's left side. The clinical documentation submitted for review dated 07/11/2013 revealed subjective complaints of ongoing back and right thigh discomfort. Objective findings were noted to be decreased range of motion. The medications that were noted to be prescribed were Etodolac, tramadol, Lidoderm patch, and orphenadrine citrate. The clinical documentation submitted for review dated 04/24/2013 revealed the patient had an MRI on 12/14/2011 of the lumbar spine which revealed (1) central disc protrusion at L5-S1 and L4-5, worse at L5-S1; (2) moderate bilateral narrowing of the neural foramina at L4-5 and L5-S1. The patient was noted to have an electrodiagnostic study dated 03/15/2012 which revealed no electroneurographic evidence of entrapment neuropathy seen in the lower extremities, and Electromyographic indicators of acute lumbar radiculopathy were not seen.

The most recent thorough physical examination documentation was provided as of date 07/17/2012, which revealed the patient had low back pain that radiated to the lower extremities with numbness and tingling. The patient was noted to have had chiropractic care that helped. Physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. Standing flexion and extension were both guarded and restricted. The seated nerve root test was positive and the patient was noted to have dysesthesia in the right L5 and S1.

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 one (1) prescription of Etodolac (Express Scripts):

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 CA MTUS Chronic Pain Medical treatment Guidelines (May 2009), pp. 68, 71.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 68, 71, which are part of the MTUS.

Rationale for the Decision:

MTUS Guidelines state that Etodolac is a non steroidal anti-inflammatory analgesic (NSAID), recommended for chronic low back pain as an option for short term symptomatic relief. The clinical documentation submitted for review indicates that the employee has ongoing back and right thigh discomfort. However, it failed to provide the employee's previous response to this medication to support the ongoing use of the medication, and it failed to provide the duration the employee has been on the medication, as required by the guidelines. **The request for one (1) prescription of Etodolac (Express Scripts) is not medically necessary and appropriate.**

2) Regarding the request for one (1) prescription of Tramadol (Express Scripts):

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 CA MTUS Chronic Pain Medical treatment Guidelines (May 2009), pp. 78, 82, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol – Opioids for neuropathic pain, pgs. 78 & 82, which are part of the MTUS.

Rationale for the Decision:

MTUS Guidelines recommend Tramadol as a second line treatment. Ongoing monitoring of patients using tramadol require documentation of pain levels with and without the medication, activities of daily living (ADLs), adverse side effects, and the assessment of the patient for habit forming drug-taking behaviors. The medical records submitted for review did not document evidence of the employee's level of pain prior to medication usage and after medication usage, whether the employee had an improvement in ADLs with the medication, adverse side effects, habit forming drug-taking behaviors or lack of drug-taking behaviors.

The request for one (1) prescription of Tramadol (Express Scripts) is not medically necessary and appropriate.

3) Regarding the request for one (1) prescription of Lidoerm Patch (Express Care):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 112, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that lidocaine is indicated for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a first line therapy. The clinical documentation submitted for review fails to indicate that the employee has failed trial of a first line therapy. Additionally, the medical records failed to provide the indications for this employee to use Lidoderm patches due to the lack of a recent thorough physical examination, as required by the guidelines. **The request for one (1) prescription of Lidoerm Patch (Express Care) is not medically necessary and appropriate.**

4) Regarding the request for one (1) prescripion of Orphenadrine Cit 100mg (Express Care):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 64, 65: Antispasmodics, which are part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state antispasmodics (Orphenadrine) are used to decrease muscle spasm in conditions such as LBP. However, it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The medical records submitted for review fails to indicate the employee has lumbar spasms, fails to provide a thorough objective physical examination, and failed to provide the indications for the employee's use of the medication as required by the guidelines. **The request for one (1) prescription of Orphenadrine Cit 100mg (Express Care) 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

/sce

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.