

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 2/10/2003  
IMR Application Received: 7/31/2013  
MAXIMUS Case Number: CM13-0004979

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Naproxen Sodium 550mg #120 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Tramadol Hydrochloride ER 150mg #90 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **2 Medrox Ointment 120gm 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 7/1/2013. 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 retrospective request for **Naproxen Sodium 550mg #120 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Tramadol Hydrochloride ER 150mg #90 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **2 Medrox Ointment 120gm 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 Anesthesiology and Pain Management, has a subspecialty in Acupuncture 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 32-year-old worker who sustained an injury and has been diagnosed with lumbago. A note from 7/23/12 diagnoses arthropathy. A utilization review performed on 7/2/13 evaluated clinical documentation, the most recent of which was dated 5/22/13. The most recent medical record available for my review is a note dated 5/22/13.

The issue for IMR concerns whether the retrospective request for Naproxen Sodium 550mg #120 is/are medically necessary and appropriate, whether the retrospective request for Cyclobenzaprine Hydrochloride 7.5mg #120 is/are medically necessary and appropriate, whether the retrospective request for Tramadol Hydrochloride ER 150mg #90 is/are medically necessary and appropriate, and whether the retrospective request for 2 Medrox Ointment 120gm is/are medically necessary and appropriate

### **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 retrospective request for Naproxen Sodium 550mg #120:**

##### 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 Chronic Pain Medical Treatment Guidelines, NSAIDs, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 12, which is part of the MTUS.

##### Rationale for the Decision:

The MTUS Chronic Pain guideline indicates that both acetaminophen and NSAIDs have been recommended as firstline therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile. The 5/22/13 note states there is relief with "ongoing and regular use". **The retrospective request for Naproxen Sodium 550mg #120 is medically necessary or appropriate.**

#### **2) Regarding the retrospective request for Cyclobenzaprine Hydrochloride 7.5mg #120 :**

##### 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 Chronic Pain Medical Treatment Guidelines, NSAIDs, which is part of the MTUS..

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

##### Rationale for the Decision:

A note dated 5/22/13 indicates the employee has found symptomatic relief of acid reflux and GI upset that occurs with Naproxen. However, this does not meet the MTUS criteria referenced above. **The retrospective request for Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary or appropriate.**

**3) Regarding the retrospective request for Tramadol Hydrochloride ER 150mg #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 Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 63, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. **The request for Tramadol Hydrochloride ER 150mg #90 is not medically necessary or appropriate.**

**4) Regarding the retrospective request for 2 Medrox Ointment 120gm:**

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 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 (2009), page 84, which is part of the MTUS.

Rationale for the Decision:

The employee has been diagnosed with arthropathy as a component of lower back pain. The MTUS section referenced above indicates "There are no long-term studies to allow for recommendations for longer than three months. Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. **The request for 2 Medrox Ointment 120 gm is not medically necessary or 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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