
Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 12/29/2010
IMR Application Received: 7/31/2013
MAXIMUS Case Number: CM13-0005385

- 1) MAXIMUS Federal Services, Inc. has determined the request for Condrolite 500/200/150, #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 7.5mg, #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone 10/325mg, #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Naproxen 550mg, #60 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg, #60 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Sumatriptan 50mg, #18 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Zolpidem 10mg, #30 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Urine Toxicology Screen **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Medical Creams for Pain/Inflammation **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 8/15/2013. 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 Condrolite 500/200/150, #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 7.5mg, #60 **is not medically necessary and appropriate.**
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- 8) MAXIMUS Federal Services, Inc. has determined the request for Urine Toxicology Screen **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Medical Creams for Pain/Inflammation **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:

This patient has an injury from 12/29/10, with diagnosis of Lumbar sprain, radiculopathy, CTS, wrist strain. Patient also has depression and anxiety. Dr. [REDACTED] report from 5/28/13 is a cardiology report for HTN and palpitations. 6/28/13 report by Dr. [REDACTED] refers to another report. MRI from 2009 for L-spine showed Gr I spondylolisthesis and

DDD changes L3-4,5-1, bilateral pars defect at L5-1. MRI of right hip 2011 unremarkable, MRI of L-spine 2011 with similar findings. 12/14/12 Ortho QME has diagnoses of lumbosacral strain, chronic with degenerative disc disease and right CTS/De Quervain's. Records show primary treater's reports from 2011 but none from 2013 or recent. Records show bunch of reports from internal medicine, but none from the pain management.

There are some Chiropractic notes from 2011 with reference to wrist, lumbar spine, hip, stress/anxiety issues. Dr. [REDACTED] has a note dated 7/16/12 as a pain management who recommended dietary changes, avoiding smoking and not cleared to undergo the recommended procedure. His note has a long list of diagnoses that include lumbar problems, headache, dizziness, wrist issues, psychological issues, HTN, insomnia, and Cervicalgia. There is an op report for bilateral medial branch blocks from 8/25/12.

Dr. [REDACTED] report from 9/1/12 discusses the patient's pain as well as use of Hydrocodone, but no reports on how the patient is responding to medication and no functional discussion.

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 Condrolite 500/200/150, #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 Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), page 50, which is part of the MTUS.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that glucosamine is recommended as an option given its low risk, in individuals with moderate arthritis pain, especially for knee osteoarthritis. Condrolite is a mixture of Glucosamine sulfate, Chondroitin sulfate and MSM, and the guidelines do not support Chondroitin sulfate. The medical records provided for review indicate that the employee does not suffer from a knee condition. **The request for Condrolite 500/200/150 #90 is not medically necessary and appropriate.**

2) Regarding the request for Cyclobenzaprine 7.5mg, #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, pages 63-66, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, page 64, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that cyclobenzaprine is recommended for a short course of therapy. The medical records provided for review indicate that the employee suffers from chronic pain conditions involving the neck, low back, the wrist. The medical records do not show any recent progress reports discussing the use of Flexeril. **The request for cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Hydrocodone 10/325mg, #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, pgs 76-80, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Long-term users of Opioids, page 88, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines require documentation of function and pain at least once every 6 months for long-term users of opioids (6-months or more). The medical records provided for review indicate that the employee has chronic pain in the neck, low back, wrist; however, there is no documentation of any pain changes, functional changes, and quality of life improvements. **The request for Hydrocodone 10/325mg #60 is not medically necessary and appropriate.**

4) Regarding the request for Naproxen 550mg, #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, pages 67-68, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The guidelines allow for the use of non-steroidal anti-inflammatory drugs (NSAIDs) for chronic low back pain. The medical records provided for review indicate that the employee suffers from chronic low back pain. **The request for Naproxen 550mg #60 is medically necessary and appropriate.**

5) Regarding the request for Omeprazole 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, pages 70-73, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 69, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that a proton-pump inhibitor is recommended when there is a risk for gastrointestinal (GI) issues due to the use of non-steroidal anti-inflammatory drugs (NSAIDs). The medical records provided for review do not show any discussion regarding the use of this medication, nor any GI side-effects from the use of NSAIDs requiring prophylactic GI treatments. **The request for Omeprazole 20 mg #60 is not medically necessary and appropriate.**

6) Regarding the request for Sumatriptan 50mg, #18:

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 Official Disability Guidelines (ODG), which is not part of the MTUS. The Claims Administrator also cited www.drugs.com, which is not part of the 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), Triptans, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines recommend triptans for migraine headaches. The medical records provided for review do not indicate that the employee has been diagnosed with migraine headaches. **The request for sumatriptan 50mg #18 is not medically necessary and appropriate.**

7) Regarding the request for Zolpidem 10mg, #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 Official Disability Guidelines (ODG), which is not part of the 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, Insomnia treatments, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines does not support long-term use of Zolpidem. The medical records provided for review does not discuss insomnia in detail, or the prescription of Zolpidem. The medical records do not show evidence that the medication is prescribed for short-term usage. **The request for Zolpidem 10mg #30 is not medically necessary and appropriate.**

8) Regarding the request for Urine Toxicology Screen:

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, pages 90-91, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, pg. 43, which is part of the MTUS, as well as the Official Disability Guidelines, Urine Drug Screen, which is not part of the MTUS.

Rationale for the Decision:

This employee suffers from chronic pain syndrome and is currently prescribed opiates. Review of the reports show that the employee has had urine drug screens on 4/17/13, 1/11/13, 11/30/12, 7/31/12 and 8/16/12 which is more frequent than once a year. MTUS supports use of urine drug screens but does not discuss frequency. However, the ODG guidelines state that for low risk patients, frequency should be within the first 6 months for the initial evaluation followed by one yearly schedule. The treater does not indicate that this employee is low, moderate or high risk opiate user. There are evaluation regarding this employee's risk profile. The prescribed Norco is at a low dose and assumption is that this employee is at low risk. Since the medical reports show 2-3 times of urine drug screen per year, recommendation is for denial of the most recent urine drug screen.. **The request for urine toxicology screening is not medically necessary and appropriate.**

9) Regarding the request for Medical Creams for Pain/Inflammation:

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, pages 111-113, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records provided for review do not list exactly what topical cream is being prescribed and for what condition. **The request for medical creams for pain/inflammation 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.