

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 5/23/2001
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0005987

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 41-year-old male who reported an injury on 05/23/2001. Per the documentation submitted for review, the patient currently complains of low back pain. The patient is currently prescribed Celebrex 200 mg, Norco 5/325 mg, tramadol extended release 24 hours 200 mg, Tylenol 325 mg and Zanaflex 4 mg as well as gabapentin 300 mg. The mechanism of injury was not provided in the medical records; however, clinical evaluations of the patient on 04/02/2013, 05/10/2013, 06/21/2013, 06/26/2013 and 08/01/2013. The clinical evaluations indicate that the patient has tenderness to the right SI joint and left SI joint of moderate severity with range of motion 50% reduced, sensory examination abnormally reduced in the left calf, deep tendon reflexes which are abnormally reduced in the ankle jerks and positive straight leg raise, and positive Romberg's sign and a normal gait. Furthermore, each clinical note submitted indicates that the patient is stable with his pain and that the medications reduce pain, allowing him to function better and to work.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Gabapentin 300mg, quantity 90 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Specific Anti-Epilepsy Drugs, pg. 18, which is part of the MTUS.

The Physician Reviewer's decision rationale: Gabapentin is indicated by the California MTUS Guidelines as being effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. While the

medical records provided for review indicates that the employee is currently prescribed this medication and has right and left sciatica, a positive straight leg raise and indication that the medications currently prescribed provides pain relief and allows the employee to work as well as function; there is insufficient documentation which objectively identifies functional improvement with medication. Furthermore, there was no quantified pain scales submitted or a recent comprehensive evaluation of the employee. **The request for gabapentin 300 mg, quantity 90 is not medically necessary or appropriate.**

2. Norco 5/325mg quantity 90 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pg. 91, which is part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS Guidelines indicate the recommendation for the monitoring of patients on opioid analgesics with the 4 A's, which include analgesia, activities of daily living, adverse side effects and aberrant drug-related behaviors. The medical records provided for review indicates that the employee has been evaluated on multiple occasions with no change in their physical examination. Notes indicate that the employee's pain was stable with the medications providing some reduction of pain to allow the employee to function better and to work. There was no clear indication in the notes reflecting effective analgesia with Norco, or an increase in the employee's abilities to undertake activities of daily living, detail of adverse side effects of the medication, or that monitoring of the employee's behavior with regards to the use of narcotic analgesics had been undertaken. Furthermore, there was no clear, recent comprehensive evaluation of the employee submitted for review which indicates the necessity for the medication. **The request for Norco 5/325 mg quantity 90 is not medically necessary and appropriate.**

3. Tramadol 200mg, quantity 30 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol, pgs. 93-94, which is part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS Guidelines indicate that tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA; however, tramadol may increase the risk of seizure, especially in patients taking SSRIs, TCAs and other opioids. The medical records provided for review indicates that the employee is currently prescribed tramadol 200 mg in an extended release tablet. Furthermore, the notes indicate that the employee has been evaluated on multiple dates, to include 04/02/2013, 05/10/2013, 06/21/2013, and 06/26/2013 and most recently on 08/01/2013. The employee's physical examination has remained unchanged on each occasion. The notes indicate that the employee currently has stable pain and that the medications, in fact, reduced pain, allowing them to function better and to work. However, there was a lack of documentation submitted for review detailing objective functional improvement of the employee

with this medication or to detail a decrease in pain. While the notes reflect that the employee does have improvement in pain and function, the clinical notes submitted for review are essentially unchanged since 04/20/2013. There was no recent comprehensive evaluation provided for the employee. **The request for tramadol 200 mg, quantity 30 is not medically necessary and appropriate.**

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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.

[REDACTED]

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