

Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/11/2013
Date of Injury: 5/17/2011
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0006007

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

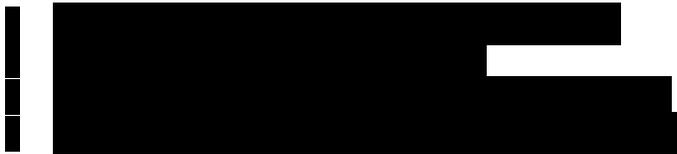
cc: Department of Industrial Relations, [REDACTED]
dso

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 Medicine and is licensed to practice in Texas. 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:



CLINICAL CASE SUMMARY

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

The patient is a 47 year old female with a reported date of injury on 5/17/2011. The patient's injury was due to the repetitive nature of her work. The patient reported aching to sharp pain in the cervical spine which radiated to her upper extremities, including her shoulders and extending to her hands and wrists, and the patient reported pain in the elbows. The patient reported stomach problems and difficulty sleeping. Guarding was present in the cervical spine. The patient had a positive Tinel's sign at the volar wrist crease on the right and the patient had tenderness about the lateral epicondyle, and the radial tunnel was tender. The provider's most recent treatment plan included a request for a TENS unit and replacement of the bilateral wrist braces.

IMR DECISION(S) AND RATIONALE(S)

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

1. The Xoten-C lotion is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 105 and 111-113, which are a part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS guidelines note that topical salicylate is significantly better than placebo in chronic pain. The California MTUS guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. Within the medical records provided for review, it is indicated that this employee had been prescribed the request lotion since at least 3/22/2013. The employee had aching and sharp pain in the cervical spine which radiated to the upper extremities, including the shoulders and extending to the hands and wrists. Xoten-C is comprised of methyl

salicylate, menthol, and capsaicin. Within the provided documentation, it did not appear the employee had a diagnosis of osteoarthritis, postherpetic neuralgia, diabetic neuropathy, or post-mastectomy pain. The California MTUS guidelines note that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, within the provided documentation, the requesting physician did not include adequate documentation of the efficacy of the medication. **The request for Xoten-C lotion is not medically necessary and appropriate.**

2. The prescription of hydrocodone/APAP 10/325 mg is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for use, page 78, which is a part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS guidelines recommend that a patient's prescriptions should be from a single practitioner taken as directed, and all prescriptions from a single pharmacy and the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment.

Within the medical records provided for review, the requesting physician did not include a review and documentation of this employee's pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not include an adequate pain assessment consisting of current pain, the least reported pain over the period since the last assessment, average pain, the intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The requesting physician did not provide adequate significant increased level of function or improved quality of life with the use of the medication. Additionally, it appeared the employee has been utilizing the medication since 11/30/2012. **The request for hydrocodone/APAP 10 is not medically necessary and appropriate.**

3. The prescription for zolpidem 10mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the the Official Disability Guidelines, Mental Illness and Stress, which is not a part of the MTUS.

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Pain Chapter.

The Physician Reviewer's decision rationale: The ODG note that zolpidem is a prescription short-acting non-benzodiazepine hypnotic which is approved for the short term (usually 2 weeks

to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines note that sleeping pills can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. Within the medical records submitted for review, the requesting physician did not provide adequate documentation of significant improvement in the employee's sleep pattern with the use of the medication. The efficacy of the medication was unclear within the provided documentation. Additionally, it appeared the employee was prescribed the medication on 09/28/2012, which would exceed the guideline recommendation of the short term use of the medication, usually 2 weeks to 6 weeks. **The request for zolpidem 10mg #30 is not medically necessary and appropriate.**

4. The prescription for omeprazole 20mg #100 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs & GI risk, page 68-69, which are a part of the MTUS.

The Physician Reviewer's decision rationale: The chronic pain guidelines recommend that patients at risk for gastrointestinal (GI) events are patients who are older than 65 years of age, have a history of peptic ulcer, GI bleeding, or perforation, are concurrently using ASA, corticosteroids, and/or an anticoagulant, or are utilizing high dose/multiple NSAIDs. Within records submitted for review, the requesting physician noted the employee was having stomach problems and listed a diagnosis of GI problems. However, the requesting physician did not provide adequate documentation pertaining to the employee's gastrointestinal problems as well as the efficacy of the medication use for the gastrointestinal problems. **The request for omeprazole 20mg #100 is not medically necessary and appropriate.**

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.