
Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 8/24/2002
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006252

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Fluoxetine 20mg (Prozac) #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 550mg #60 is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Trazodone 50mg (Deseryl) #30 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg #30 is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #90 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Topiramate 100mg #60 is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **Flector patch #30 with 5 refills is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm 5% patch is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/4/2013. 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 **Fluoxetine 20mg (Prozac) #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 550mg #60 is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Trazodone 50mg (Deseryl) #30 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg #30 is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #90 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Topiramate 100mg #60 is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **Flector patch #30 with 5 refills is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm 5% patch 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 Anesthesia 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:

42 y/o male injured worker who has been diagnosed with knee arthritis, as well as shoulder and elbow pain. UR was performed on 7/19/2013, and the most recent record reviewed by the UR physician was 7/16/2013.

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 Fluoxetine 20mg (Prozac) #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 Official Disability Guidelines, SSRIs (selective serotonin reuptake inhibitors) Chronic Pain, Mental Illness & Stress, which is not a part of the MTUS..

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-depressants, pg. 13, which is a part of the MTUS.

Rationale for the Decision:

A review of the records indicates documentation that this medication is being prescribed for “nerve pain and depression from pain.” MTUS does not clearly recommend this for pain, although it does recommend it to treat depression in patients with pain. Also MTUS notes “The optimal duration of treatment is not known” and “Long-term effectiveness of anti-depressants has not been established.”

However, documentation requirements by MTUS include “Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks.” Medical necessity is not met in part because these assessments are not documented. **The request for Fluoxetine 20mg (Prozac) #60 is not medically necessary and appropriate.**

2) 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 (May 2009), NSAIDs, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatories, pg 67, which is a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that employee found naproxen twice daily reduced pain and improved function better than meloxicam, but was poorly tolerated due to GI symptoms until a PPI was added. The UR physician noted that the documentation was lacking in its assessment of its effect on pain and function. While this documentation (objective assessment of pain scores and functional capacity) is necessary for opiates, yet MTUS does not require such documentation regarding NSAID to affirm continuing medical necessity. MTUS pg. 67 notes "NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug)." **The request for Naproxen 550mg #60 is medically necessary and appropriate.**

3) Regarding the request for Trazodone 50mg (Deseryl) #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), Mental Illness and Stress, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the 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), Insomnia treatment, which is not a part of the MTUS.

Rationale for the Decision:

ODG notes that trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety.

A review of the records indicates that documentation does not comment on any current psychiatric symptoms such as depression or anxiety. It only comments on symptoms suggested to possibly relate to traumatic brain injury and a behavioral health consultation has been requested. **The request for Trazodone 50mg (Deseryl) #30 is not medically necessary and appropriate.**

4) Regarding the request for Omeprazole 20mg #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 Chronic Pain Medical Treatment Guidelines (May 2009), NSAIDs, GI symptoms & cardiovascular risk, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk pg. 68, which is a part of the MTUS.

Rationale for the Decision:

MTUS citation above notes: "Mild to moderate risk factors: If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. If naproxyn is ineffective, the suggested treatment is (1) the addition of aspirin to naproxyn plus a PPI, or (2) a low-dose Cox-2 plus ASA."

A review of the records indicates that employee found naproxen twice daily reduced pain and improved function better than meloxicam, but was poorly tolerated due to GI symptoms until a PPI was added. **The request for Omeprazole 20mg #30 is medically necessary and appropriate.**

5) Regarding the request for Norco 10/325mg #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 (May 2009), Opioids, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronoc Pain Medical Treatment Guidelines, Opiates, pg. 78-80, which is a part of the MTUS.

Rationale for the Decision:

MTUS lists several documentation requirements for continued opiate use for chronic, non-nociceptive pain, including assessment of efficacy, functional benefit, periodic consideration of weaning trials, as well as risk assessment. A review of the records indicate that these specific requirements have not been sufficiently addressed in order to meet the MTUS definition of medical necessity. Additionally, the employee has frequently tested positive for marijuana, which is considered to be criteria for weaning from opiates by the federal DEA. **The request for Norco 10/325mg #90 is not medically necessary and appropriate.**

6) Regarding the request for Topiramate 100mg #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, Antiepilepsy drugs (AEDs), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 16-17, AEDs, which is a part of the MTUS.

Rationale for the Decision:

MTUS states "The continued use of AEDs depends on improved outcomes". MTUS offers 30% and 50% improvement as indicators of moderate and good responses respectively. Medical necessity per MTUS requirements would require documentation of the percentage of response to this medication.

Additionally, this medication is indicated by MTUS for neuropathic pain, and a review of the records indicates that this employee does not carry a diagnosis which implicates neuropathic pain. **The request for Topiramate 100mg #60 is not medically necessary and appropriate.**

7) Regarding the request for Flector patch #30 with 5 refills :

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, Topical NSAIDs, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Medications, pg. 111-113, which is a part of the MTUS.

Rationale for the Decision:

MTUS recommendations regarding the specific components of topical medications, see pages 111-113 wherein topical NSAIDs are discussed. A review of the records indicates that topical diclofenac is not medically necessary in this case as it is a topical NSAID and the injured worker is already being prescribed an oral NSAID (naproxen). Additionally, it is stated in MTUS "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." This patient's use extends beyond short term use. **The request for Flector patch #30 with 5 refills is not medically necessary and appropriate.**

8) Regarding the request for Lidoderm 5% patch:

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, which is a part of the MTUS and the Official Disability Guidelines, Lidoderm, which is not a part of the MTUS.

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

Rationale for the Decision:

Per MTUS citation above regarding this agent, "*Non-neuropathic pain*: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)." A review of the records indicated that this employee does not carry a diagnosis which implicates neuropathic pain. **The request for Lidoderm 5% patch 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.