

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	9/14/2004
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006643

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Butal/APAP/Caffeine 50/40/325mg #120 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Pantopraole 20mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 300mg #30 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Terocin 120ml is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **Butal/APAP/Caffeine 50/40/325mg #120 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Pantopraole 20mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 300mg #30 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Terocin 120ml 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 Preventative Medicine and Occupational Medicine 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:

SUMMARY OF RECORDS: The applicant, Ms. [REDACTED], is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic neck, low back and head pain reportedly associated with an industrial injury of September 14, 2004.

Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. It does not appear the applicant has returned to work with said limitations in place.

The most recent progress note on file dated June 14, 2013 is handwritten, not entirely legible, and notable for comments that the applicant is unchanged. The applicant reports ongoing neck and low back pain. Tenderness and decreased range of motion is appreciated. Diagnoses are unchanged. The applicant is given permanent work restrictions and medication refills.

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 Butal/APAP/Caffeine 50/40/325mg #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 Chronic Pain Medical Treatment Guidelines, Barbiturate-containing analgesic agents (BCAs), pg. 23, which is part of the California Medical Treatment Utilization Schedule (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:

Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesic such as butalbital are not recommended in the chronic pain context present here. In this case, there is no evidence of functional improvement through prior usage of same, which might justify ongoing usage of butalbital. There is no evidence that the employee has returned to work, or has demonstrated improved performance of activities of daily living and/or exhibited diminished reliance on medical treatment through usage of butalbital. Rather, it is indicated that the employee is using numerous analgesic medications argues against diminished reliance on medical treatment. The guideline criteria have not been met. **The request for Butal/APAP/Caffeine 50/40/325mg #120 is not medically necessary and appropriate.**

2) Regarding the request for Pantopraole 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, NSAIDs, GI symptoms & cardiovascular risk, pg. 68, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy, pg. 69, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate proton-pump inhibitor such as Protonix is indicated in the treatment of NSAID-induced dyspepsia. Medical records submitted and reviewed are sparse, handwritten, not entirely legible, and does not clearly detail or describe issues with reflux either NSAID induced or standalone. The criteria have not been met. **The request for Pantopraole 20mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Gabapentin 300mg #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, Gabapentin, pg. 18, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Specific Anti-Epilepsy Drugs, Gabapentin, Recommended trial period, pg. 19, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate the recommended trial period for gabapentin is three days a week. While gabapentin is indicated in the treatment of various painful conditions, including neuropathic pain, spinal cord injury, CRPS, etc., in this case, the employee has used gabapentin chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The employee has failed to return to work, or to demonstrate diminished reliance on medical treatment. The guideline criteria have not been met. **The request for Gabapentin 300mg #30 is not medically necessary and appropriate.**

4) Regarding the request for Terocin 120ml:

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 Analgesics, pgs. 111, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Initial Approaches to Treatment, Chapter 3, Oral Pharmaceuticals, pg. 47, and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM guidelines indicate that topical medications such as Terocin are “not recommended.” This is echoed by the Chronic Pain Medical Treatment Guidelines, which deem topical analgesic largely experimental. Medical records submitted and reviewed indicate there is no evidence of intolerance to and/or failure of multiple classes of oral analgesics so as to make a case for usage of topical agents or topical compounds. The guideline criteria have not been met. **The request for Terocin 120ml 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

/ldh

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.