

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/17/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 2/21/2011
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0007010

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol Hcl/APAP 37.5/325** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EXOTE N-C** 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 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 **Tramadol Hcl/APAP 37.5/325 mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EXOTE N-C 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 Internal 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:

The claimant is a 49-year-old male with reported date of injury of 02/21/2011. On 05/23/2012, he was seen in clinic and had reduced range of motion of the lumbar spine with tenderness. Knee jerks were 2+ bilaterally as were ankle joints. He had sensation diminished in an L5 distribution on the left and motor exam was considered normal. The mechanism of injury where his specific injury was described as pushing a dolly containing a stove downstairs when he lost control of the dolly, grabbing hold of the dolly, and felt a pulling sensation to his low back. An MRI of the lumbar spine was obtained which revealed diffuse disc protrusion at L4-5 and a diffuse disc protrusion of L5-S1. He was seen again in clinic on 10/29/2012 rating pain to his low back and right hip between 4/10 to 8/10. He was refilled on his tramadol at that time with a trial of amitriptyline/tramadol/dextromethorphan compound for neurolytic pain and flurbiprofen/diclofenac compound for topical anti-inflammatory effect. Urine drug screen on 11/25/2012 was positive for tramadol. A laboratory analysis on 01/28/2013 revealed a BUN of 16 and creatinine of 0.79. He returned to clinic on 07/30/2013 and this was for blood pressure check as well as followup for his diabetes, gastrointestinal complaints, and insomnia. Medications at that time included metformin, glyburide, HCTZ, Zolof, and Colace. The pain level was not objectively documented on that report. Diagnoses include hypertension, gastritis, insomnia, diabetes mellitus, constipation, lumbar spine disc syndrome, lumbar spine radiculitis, pain in the lumbar spine, stress, anxiety, right hip pain, and gastrointestinal irritation, resolved. Plan at that time, was to continue with medications. Request has been made for tramadol HCL/APAP 37.5/325 mg and Exote N-C.

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:



1) Regarding the request for Tramadol Hcl/APAP 37.5/325 :

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, Opioids, pg. 75, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section, Tramadol, pgs. 78 and 113, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that Tramadol is a “centrally acting synthetic opiate analgesic and it is not recommended as a first line oral analgesic.” The MTUS Chronic Pain Guidelines then refer the reviewer to opiates for neuropathic pain. This also indicates that opiates are not recommended as a first line therapy with opiate analgesics and Tramadol having been suggested as a second line treatment alone or in combination with first line drugs. As an opiate type medication, MTUS Chronic Pain Guidelines go further stating that the 4A’s, analgesia, activities of daily living, adverse events, and aberrant drug taking behavior should be monitored for patients on medications such as this. The medical records submitted for this review do not indicate a current pain scale for which this medication would be considered reasonable. The records also do not indicate this employee is currently on this medication. The records do indicate that a drug screen was performed on 11/25/2012 and was found positive for Tramadol at that time. No subsequent drug screens were provided for this review. There was a lab test performed on 01/28/2013 which revealed the employee’s BUN was 16 and creatinine was 0.79 but glucose was elevated at 115. Therefore, the records do not indicate current analgesia or provide documentation of aberrant drug taking behaviors nor do they document improvement in activities of daily living with this medication. **The request for Tramadol Hcl/APAP 37.5/325 mg is not medically necessary and appropriate.**

2) Regarding the request for EXOTE N-C :

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, Capsaicin, topical, pgs 28-29, which is part of the MTUS.

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

Rationale for the Decision:

The MTUS Chronic Pain Guidelines, indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy. Specifically for Capsaicin, this medication is recommended only as option in patients who have not responded or are intolerant to other treatments. The submitted medical records for review do not indicate that the employee has failed to respond to other medications. The strength and dosing of this medication was not provided for this review. The records contain other medications which are not specifically described as they are proprietary at this time. The records do not indicate that the employee has significant pain as the employee's VAS score. The records also do not indicate this employee has been prescribed this medication. **The request for EXOTE N-C 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.