

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	7/14/2013
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007014

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 7.5mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Caps 0.025%/Flurbi 20%/Tram 10%?Menth 2%/ Camph 2% 240gr is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Flubi 20%/Tram 20% is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **urine drug screen 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 9/11/2013. 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 **Flexeril 7.5mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Caps 0.025%/Flurbi 20%/Tram 10%/Menth 2%/ Camph 2% 240gr is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Flubi 20%/Tram 20% is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **urine drug screen 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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma. 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 patient is a 36-year-old male who reported an injury on 07/14/2012 when he was working alongside of the freeway, pulling a piece of equipment, racking down weeds, he lost his balance and fell down on his right side. As a result of the injury, the patient had persistent low back pain, right wrist pain that was responsive to medication and physical therapy. MRI of the lumbar spine revealed joint arthrosis and discogenic spondylosis at the L5-S1 level. X-rays of the right wrist revealed that there were no indications of fracture. The patient's diagnoses included, right hip pain, right hip sprain/strain, pain in the hand, right hand sprain/strain, right wrist pain, and right wrist sprain/strain. The patient's treatment plan included Flexeril 7.5 mg, omeprazole 20 mg, a compounded cream containing capsaicin 0.025%/flurbiprofen 20%/tramadol 10%/menthol 2%/campho 2% 240 grams, and a compounded cream containing flurbiprofen 20%, tramadol 20% and a urine drug screen.

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 Flexeril 7.5mg:

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, Muscle relaxants (for pain), pages 64-66, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril), page 41, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend Flexeril for short courses of therapy. It is recommended that treatment should be brief. The clinical documentation submitted for review provides evidence that the employee has been on cyclobenzaprine/Flexeril for several months. The employee continues to have pain in the low back and right wrist. The clinical documentation does not support the efficacy of this medication and does not indicate if there was an increase in functional activity. **The request for Flexeril 7.5mg is not medically necessary and appropriate.**

2) Regarding the request for Omeprazole 20mg :

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, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain guidelines recommend the use of omeprazole when the patient is taking a nonselective nonsteroidal anti-inflammatory drug and is at risk for gastrointestinal events. The clinical documentation submitted for review does not provide a history of peptic ulcers, or other gastrointestinal events. The clinical

documentation does not address any current side effects as a result of the employee's prescribed medication schedule. **The request for Omeprazole 20mg is not medically necessary and appropriate.**

3) Regarding the request for Caps 0.025%/Flurbi 20%/Tram 10%?Menth 2%/ Camph 2% 240gr :

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, pages 111-113, which is part of the MTUS and the Official Disability Guidelines (ODG), Topical Analgesics, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-112, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state "topical analgesics are largely experimental in use with few randomized controlled studies to determine the efficacy or safety." The requested compounded agent contains capsaicin 0.025%, for patients who have not responded to other treatments or are intolerant of other treatments." Clinical documentation submitted for review does not provide evidence that the employee is intolerant of oral medications. Additionally, there was no pain assessment or documentation of increased functional capabilities to support the continued use of this medication. The requested compounded agent includes flurbiprofen 20% which is recommended for short-term use when oral nonsteroidal anti-inflammatory drugs are either not tolerated or not effective. The clinical documentation submitted for review provides evidence that this employee has been utilizing this compounded agent for an extended period of time. As such, continued use would not be supported. Additionally, there is no evidence within the documentation that the employee has failed to respond to oral anti-inflammatory drugs. The compounded agent also includes tramadol 10% and there is little to no research to support the use of this agent. **The request for urine drug screen is not medically necessary and appropriate.**

4) Regarding the request for Flubi 20%/Tram 20% :

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, pages 111-113, which is part of the MTUS and the Official Disability Guidelines (ODG), Topical Analgesics, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-112, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state “topical analgesics are largely experimental in use with few randomized controlled studies to determine the efficacy or safety.” The requested compounded agent contains capsaicin 0.025%, for patients who have not responded to other treatments or are intolerant of other treatments.” Clinical documentation submitted for review does not provide evidence that the employee is intolerant of oral medications. Additionally, there was no pain assessment or documentation of increased functional capabilities to support the continued use of this medication. The requested compounded agent includes flurbiprofen 20% which is recommended for short-term use when oral nonsteroidal anti-inflammatory drugs are either not tolerated or not effective. The clinical documentation submitted for review provides evidence that this employee has been utilizing this compounded agent for an extended period of time. As such, continued use would not be supported. Additionally, there is no evidence within the documentation that the employee has failed to respond to oral anti-inflammatory drugs. The compounded agent also includes tramadol 10% and there is little to no research to support the use of this agent. **The request for Flubi 20%/Tram 20% is not medically necessary and appropriate.**

5) Regarding the request for urine drug screen:

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, Drug Testing, page 43, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommends the use of urine drug screen testing when there is a suspicion of illegal drug usage. The clinical documentation submitted for review does not provide evidence of suspicion of illicit drugs. There is no documentation to support that the employee is not compliant with the use of the prescribed medication. **The request for a urine drug screen 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

/db

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.