
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 7/11/2008
IMR Application Received: 8/6/2013
MAXIMUS Case Number: CM13-0007402

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]

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 Practice, 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 71-year-old female who presents status post a work-related injury sustained on 07/11/2008, specifics of injury not stated. The patient has been treated for the following diagnoses: cervical discopathy, status post left shoulder arthroscopic surgery as of 06/10/2011, and sleep disturbance complaints. The clinical note dated 06/28/2013 reports the patient was seen under the care of Dr. [REDACTED] for her pain complaints. The provider documents upon physical exam of the patient's cervical spine, there was tenderness to palpation over the trapezius musculature as well as over the paraspinal musculature of the neck. There was also slight reduction of flexion and extension of the neck. The provider documented the patient's condition established the need for compounded topical medications. The provider reported tramadol was prescribed for pain relief, topical analgesics were prescribed for immediate pain relief, omeprazole was prescribed for a precaution, and Medrox patch was prescribed for immediate pain relief.

IMR DECISION(S) AND RATIONALE(S)

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

1. Tramadol 50mg #60 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical treatment guidelines, pg. 78, Opioids and pg. 93-94, Tramadol, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

As California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)". A review of the records submitted indicates that the current request lacks identifiable quantifiable documentation of pain relief and functional improvement and appropriate medication use. **The request for tramadol 50 mg #60 is not medically necessary and appropriate.**

2. Omeprazole 20mg #100 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms and cardiovascular risk, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 68-69, NSAIDs, GI symptoms and cardiovascular risk, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records submitted indicates that the current request previously received an adverse determination as there was a lack of documentation of gastrointestinal symptoms, history of gastritis or GI bleed, or indications that the patient was at risk for GI issues to warrant prophylaxis. A review of the clinical documents continues to lack evidence of the patient presenting with any gastrointestinal complaints, or that the patient utilizes any anti-inflammatories orally. As California MTUS indicates there must be evidence of risk factors for gastrointestinal events to support utilization of this medication and given that the clinical notes did not document that the patient presented with any gastrointestinal diagnoses or complaints of gastrointestinal upset. **The request for omeprazole 20 mg #100 is not medically necessary and appropriate.**

3. Fluriflex (fluriprofen/cyclobenzaprine 15/10%) cream #180gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

A review of the records submitted indicates that the current request previously received an adverse determination due to lack of Guideline support for its use. The California MTUS indicates, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Additionally, the California MTUS indicates that efficacy and clinical trials for NSAIDs topically have been inconsistent and most studies are small and of short duration. **The request for Fluriflex (flurbiprofen/cyclobenzaprine 15/10%) cream #180 gm is not medically necessary and appropriate**

4. TG Hot (Tramadol/gabapentin/menthol/camphor/capsaicin 8/10/2/.05%) cream #180gm is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

A review of the records submitted indicates that the current request previously received an adverse determination due to lack of Guideline support for its use. The California MTUS indicates, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Additionally, the California MTUS does not recommend topical gabapentin. There is no peer-reviewed literature to support its use. **The request for TGHOT (tramadol/gabapentin/menthol/camphor/Capsaicin 8/10/2/.05%) cream #180 gm is not medically necessary and appropriate.**

5. Medrox Patch #30 is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

California MTUS indicates, "topical NSAIDS are supported for osteoarthritis and tendinitis in particular that of the knee, elbow, or other joints that are amenable to topical treatment recommended for short-term use 4 to 12 weeks." A review of the records submitted indicates that the documentation lacks evidence to support the requested medication for the patient's chronic pain complaints about the cervical spine and left shoulder. The clinical notes document the patient is status post a work-related injury of over 5 years. It is unclear how long the patient has been utilizing this medication and the efficacy of this intervention for the patient's pain complaints. In addition, the California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. **The request for Medrox patch #30 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.

[REDACTED]

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