
Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/21/2013
Date of Injury: 8/24/2002
IMR Application Received: 8/6/2013
MAXIMUS Case Number: CM13-0007423

- 1) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Trazodone 50mg #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Norco I0/325mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Topamax I00mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Baclofen 5mg #120 with 5 refills **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for MRI of the left knee **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for steroid injection to the left knee **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for one prescription of MS Contin 15mg #60 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Naproxen 550mg #60 **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Omeprazole 20mg #30 **is not medically necessary and appropriate.**

- 10) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Capsaicin creme 0.075% **is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Fluoxetine 20mg #60 **is not medically necessary and appropriate.**
- 12) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Lidoderm patch 5% **is not medically necessary and appropriate.**
- 13) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Flector patch 180mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/21/2013. 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 one prescription of Trazodone 50mg #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Norco I0/325mg #90 **is not medically necessary and appropriate.**
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- 12) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Lidoderm patch 5% **is not medically necessary and appropriate.**
- 13) MAXIMUS Federal Services, Inc. has determined the request for one prescription of Flector patch 180mg **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 Cardiology, has a subspecialty in Cardiovascular Disease 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 patient is a 42-year-old who reported a work-related injury on 08/24/2002, specific mechanism of injury not stated. The patient subsequently is being treated for neck, low back, shoulder, and knee pain. Clinical note dated 02/25/2013 reports the patient was seen under the care of Dr. [REDACTED] for his pain complaints. The patient has a history of a right arthroscopic knee surgery as of 2006 and left arthroscopic knee surgery, specific date of procedure not stated. Clinical notes document the patient utilizes the following medication regimen: ProAir inhaler, baclofen 10 mg 1 by mouth twice a day, capsaicin cream to apply 3 times a day, clonidine 0.1 mg 1 by mouth every day, Prozac 20 mg 1 by mouth every day, Lidoderm patch transdermal 1 every 12 hours, Mobic 50 mg 1 tab by mouth every day, MS Contin 15 mg 1 tab by mouth every 12 hours, naproxen 550 mg 1 by mouth every 12 hours, Norco 10/325 mg 1 tab by mouth every 8 hours, Topamax 100 mg 1 to 2 by mouth every 12 hours, trazodone 50 mg 1 tab by mouth at bedtime, and Flector patch 1 transdermal every day. The provider documented that the patient presented with continued left knee, left shoulder, lumbar spine, cervical spine, and post-concussive pain complaints. The provider documents the patient utilizes THC (Tetrahydrocannabinol), smoking 1 cigarette of marijuana per day, down from 3 or more per day. The provider documents the patient reports 10/10 pain. The patient reports heartburn with use of medications.

The provider documented naproxen was discontinued, as it did not work as well as meloxicam. Upon physical exam of the patient, he presents diffusely tender about the shoulder with greater pain on the anterior than posterior side with abduction to about 90 degrees, increasing shoulder pain radiating into the left elbow, where the left elbow itself has good range of motion per the provider, with minimal specific tenderness noted. The patient has antalgic gait to the left side, again with diffuse tenderness over the knee, which does not appear grossly abnormal. The provider documented the patient continues with left knee pain with horizontal cleavage tear on an MRI scan evidenced, although knee arthrogram and MRI scan were normal for the left knee subsequently to this study. MRI of the left shoulder showed degenerative changes of the anterior superior labrum and anatomic impingement and rotator cuff tendinopathy. Left shoulder clinically consistent with capsulitis more so than impingement or AC joint pain. The patient presents with continued chronic pain and depression from pain. The provider documented the lumbar spine was denied for active evaluation and treatment by the patient's insurance carrier. Right shoulder was consistent with capsular pain and possible subscapularis tendinitis, more likely than subacromial impingement. The provider recommended the patient continue with utilization of his medication regimen.

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:

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

1) Regarding the request for one prescription of Trazodone 50mg #90 :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines – Pain Chapter, which is not part of the MTUS.

The Physician 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 – Pain Chapter, which is not part of the MTUS.

Rationale for the Decision:

Official Disability Guidelines indicate, “trazodone is one of the most commonly prescribed agents for insomnia.” The current request previously received an adverse determination as the clinical notes evidence the employee is utilizing this medication for depression. However, the employee had not been diagnosed with depression and the guidelines clearly do not recommend this medication for insomnia without coexisting depression. Therefore, continued support of this medication utilization was not warranted. The clinical notes lacked evidence of the employee’s reports of efficacy with this current medication regimen, as noted by a decrease in rate of pain on a VAS (Visual Analog Scale) and increase in objective functionality. **The request for one prescription of Trazodone 50mg #90 is not medically necessary or appropriate.**

2) Regarding the request for one prescription of Norco I0/325mg #90 :

The Medical Treatment Guidelines 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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Page 78, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain employees on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The current request previously received an adverse determination due to immediate discontinuation of opioids has been suggested for the employee's illicit drug use. The employee's urine drug screens revealed no opioids were detected and cannabinoid metabolites were present. **The request for one prescription of Norco I0/325mg #90 is not medically necessary or appropriate.**

3) **Regarding the request for one prescription of Topamax I00mg #60 :**

The Medical Treatment Guidelines 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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Page 16, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Topamax has been shown to have variable efficacy with failure to demonstrate efficacy and neuropathic pain of central etiology. The current request previously received an adverse determination due to a lack of documentation of reduction of pain of at least 30%. The clinical notes lacked evidence of the employee's reports of positive efficacy with this current medication regimen. **The request for one prescription of Topamax I00mg #60 is not medically necessary or appropriate.**

4) **Regarding the request for one prescription of Baclofen 5mg #120 with 5 refills :**

The Medical Treatment Guidelines 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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Page 63, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Baclofen has been used to treat intractable spasticity from brain injury, cerebral palsy, and spinal cord injury, and has resulted in improvement in muscle tone and pain relief. The current request previously received an adverse determination, as muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in employees with chronic pain. Therefore, this medication was recommended for weaning. The clinical notes continue to document the employee reports his pain is at a 10/10. Baclofen has been used chronic in nature for this employee. **The request for one prescription of Baclofen 5mg #120 with 5 refills is not medically necessary or appropriate.**

5) **Regarding the request for MRI of the left knee :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), page 343, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), page 341, which is part of the MTUS.

Rationale for the Decision:

According to the Knee Complaints Chapter of the ACOEM Practice Guidelines, reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began and there was no temporal association with the current symptoms. The current request previously received an adverse determination, as the clinical notes revealed an MRI of the left knee was previously obtained on 2 occasions. As the clinical notes revealed MRI arthrogram of the left knee was normal and records do not indicate any new traumas, injuries, or illness, a repeat imaging study did not appear necessary. **The request for MRI of the left knee is not medically necessary or appropriate.**

6) **Regarding the request for steroid injection to the left knee :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pages 339, and 346, which is part of the MTUS.

The Physician 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 – Knee and Leg Chapter, which is not part of the MTUS.

Rationale for the Decision:

According to the Official Disability Guidelines, corticosteroid injections are recommended for short-term use only. Documented symptomatic severe osteoarthritis of the knee according to the American College of Rheumatology criteria, which requires knee pain and at least 5 of the following criteria: (1) bony enlargement, (2) bony tenderness, (3) crepitus, (4) erythrocyte sedimentation rate less than 40 mm, (5) less than 30 minutes of morning stiffness, (6) no palpable warmth of synovium, (7) over 50 years of age, (8) rheumatoid factor less than 1 to 40 titer, (9) synovial fluid signs. The current request previously received an adverse determination as there was a lack of documented symptomatic severe osteoarthritis of the knee as noted criteria prior to the requested intervention.

Given all the above, the current request is not supported. Additionally, it is unclear if the employee had previously utilized steroid injections for his pain complaints to the left knee and the efficacy of treatment. **The request for steroid injection to the left knee is not medically necessary or appropriate.**

7) **Regarding the request for one prescription of MS Contin 15mg #60 :**

The Medical Treatment Guidelines 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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 78, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain employees on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The current request previously received an adverse determination due to immediate discontinuation of opioids has been suggested for the employee's illicit drug use. The employee's urine drug screens revealed no opioids were detected and cannabinoid metabolites were present. **The request for one prescription of MS Contin 15mg #60 is not medically necessary or appropriate.**

8) **Regarding the request for one prescription of Naproxen 550mg #60 :**

The Medical Treatment Guidelines 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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 73, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The current request previously received an adverse determination, as guidelines recommend this medication for the relief of signs and symptoms of osteoarthritis at the lowest dose for the shortest period of time in employees with moderate to severe pain. The clinical notes documented the employee reported having previously stopped the naproxen, which did not work as well as the meloxicam. Given the lack of definitive positive efficacy noted with use of this medication, the current request is not supported. **The request for one prescription of Naproxen 550mg #60 is not medically necessary or appropriate.**

9) **Regarding the request for** one prescription of Omeprazole 20mg #30 :

The Medical Treatment Guidelines 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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 68 – 69, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI (Gastrointestinal) and cardiovascular risk factors. The current request previously received an adverse determination, as continued use of the anti-inflammatory naproxen had been non-certified, subsequent support for omeprazole was not indicated. **The request for** one prescription of Omeprazole 20mg #30 **is not medically necessary or appropriate.**

10) **Regarding the request for**one prescription of Capsaicin creme 0.075% :

The Medical Treatment Guidelines 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 part of the MTUS.

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

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The clinical notes lacked documentation of the employee's reports of efficacy with his current medication regimen, as the employee's reports continued 10/10 pain. **The request for**one prescription of Capsaicin creme 0.075% **is not medically necessary or appropriate.**

11) **Regarding the request for** one prescription of Fluoxetine 20mg #60:

The Medical Treatment Guidelines 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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antidepressants for Chronic Pain, page 13, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The current request previously received an adverse determination, as a lack of documented efficacy, the employee utilizes Prozac for nerve pain and depression due to pain with limited benefit, if any, benefit noted. **The request for one prescription of Fluoxetine 20mg #60 is not medically necessary or appropriate.**

12) Regarding the request for one prescription of Lidoderm patch 5% :

The Medical Treatment Guidelines 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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 56 – 57, which is part of the MTUS.

Rationale for the Decision:

The current request previously received an adverse determination due to a lack of documentation of the employee having failed with first-line tricyclic, SNRI (serotonin and noradrenaline reuptake inhibitor) antidepressant or an AED (antiepileptic drug) such as gabapentin or Lyrica. The clinical notes documented the employee utilizes a Lidoderm patch for superficial burning pain about the knee. Clinical notes failed to document the employee's reports of efficacy with this current medication regimen, as the employee reports 10/10 pain. **The request for one prescription of Lidoderm patch 5% is not medically necessary or appropriate.**

13) Regarding the request for one prescription of Flector patch 180mg :

The Medical Treatment Guidelines 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 part of the MTUS.

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

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The clinical notes failed to document the employee's reports of efficacy with his current medication regimen, as the employee reports multiple bodily pain complaints without resolve or even decrease in the employee's pain rated at a 10/10. **The request for one prescription of Flector patch 180mg is not medically necessary or 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.

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