

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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MAXIMUS  
Federal Services



**Notice of Independent Medical Review Determination**

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Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	3/6/2012
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007909

- 1) MAXIMUS Federal Services, Inc. has determined the request for **TENS (Transcutaneous Electrical Nerve Stimulation) unit, 30 day rental is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol/APAP 50mg is 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 7/9/2013. 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 **TENS unit 30 day rental** is medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol/APAP 50mg** is 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 Preventive 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:

On March 6, 2012, the patient filed a worker compensation claim for bilateral plantar fasciitis which is reportedly associated with cumulative traumas experienced at place of employment.

Thus far, the patient has been treated with the following: Analgesic medications; work restrictions; transfer of care to and from various providers in various specialties; x-rays of the injured feet which indicated the presence of heel spurs; extensive periods of time off work; acupuncture; and orthotics.

In a utilization review report dated July 9, 2013, the claims administrator denied TENS unit 30 day rental and Tramadol/APAP 50mg.

The patient was issued a prescription for Tramadol/APAP 50 mg on June 28, 2013, and has remained out of work as of that date.

A medical report dated August 27, 2013 stated that the patient is using ibuprofen and remains out of work. The report notes the patient's complaints of constant foot pain, headaches, and low back pain.

## 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 Tens unit 30 day rental:

#### 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, pp 114-116, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pp 114-116.

#### Rationale for the Decision:

As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of TENS includes evidence of chronic intractable pain that is greater than three months duration and evidence that some other appropriate pain modalities have been tried and/or failed. In this case, the employee has failed numerous other pain modalities, including analgesic medications, orthotics, extracorporeal shock wave therapy and the fact that the employee has failed to effect any functional improvement on prior modalities and remains off work does indicate that the previous treatments have been unsuccessful. Therefore, the one-month trial of a TENS unit is certified. **The request for TENS unit 30 day rental is medically necessary and appropriate.**

### 2) Regarding the request for Tramadol/APAP 50mg:

#### 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, pgs 79-81, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Page 94, which is part of the MTUS.

Rationale for the Decision:

A survey of prior and subsequent progress notes suggests that this prescription was a de novo prescription. The employee had not been issued prescriptions for Tramadol/APAP 50mg prior to that point in time. The attending provider noted his/her suggestion that the employee did try over-the-counter analgesics including Motrin and Tylenol without relief. Therefore, a trial of Tramadol/APAP 50mg was medically necessary, medically appropriate, and indicated here, as the page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of the Tramadol as a second-line agent for moderate-to-severe pain, as was reportedly present here. **The request for Tramadol/APAP 50mg is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/cmol

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.