

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:	7/15/2013
Date of Injury:	5/25/2007
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007912

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Xoten-C Lotion is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **range of motion (ROM) Testing 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 7/15/2013. 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 **Xoten-C Lotion is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **range of motion (ROM) Testing 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 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:

The applicant, Mr. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, abdominal pain, headaches, sleep apnea, and sexual dysfunction reportedly associated with cumulative trauma at work first claimed on May 23, 2007.

Thus far, he has been treated with the following: Analgesic medications; topical agents and topical compounds; and the apparent imposition of permanent work restrictions.

It does not appear that the applicant has returned to work with permanent limitations in place.

In a utilization review report of July 15, 2013, the claims administrator non-certified a request for XOTEN lotion, hydrocodone, and range of motion testing owing to lack of supporting information.

The applicant's attorney appealed on August 6, 2013.

A prior progress note of May 9, 2013, is notable for ongoing complaints of back pain with limited range of motion noted on exam. The applicant's sensory and motor functions are intact. The applicant is given prescriptions for topical compounded XOTEN lotion, Naprosyn, and Prilosec, the latter of which is used for stomach upset.

In a subsequent note of June 17, 2013, the attending provider requested range of motion testing.

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 Xoten-C Lotion:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, and Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), Oral Pharmaceuticals, page 47, which is part of the MTUS.

Rationale for the Decision:

As noted in the ACOEM Guidelines, oral pharmaceuticals represent the most appropriate first-line palliative method. The medical records submitted for review do not provide any evidence of intolerance to and/or failure of multiple classes of oral analgesics. The Chronic Pain guidelines also indicate that Topical Analgesics are "largely experimental." **The request for Xoten-C lotion is not medically necessary and appropriate.**

2) Regarding the request for Hydrocodone:

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 Medical Treatment Utilization Guidelines (MTUS), Hydrocodone, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, page 80, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate the criteria for continuation of opioids include evidence of successful return to work, improved function, and/or reduced pain through prior usage of same. The medical records submitted for review do not indicate if the employee has returned to work and there is no clear evidence

of reduced pain and/or improved functioning achieved through prior usage of Hydrocodone. **The request for Hydrocodone is not medically necessary and appropriate.**

3) Regarding the request for range of motion (ROM) Testing:

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 American College of Occupational and Environmental Medicine, (ACOEM), table 12-8, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Physical Examination, Observation and Regional Back Examination, page 293, which is part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines indicate that range of motion measurements of the low back are of limited value owing to marked variation among those with symptoms and those without symptoms. Review of the submitted medical records do not clearly state how conventional range of motion testing would alter the treatment plan, let alone the computerized range of motion testing proposed by the attending provider. The employee has not returned to work and is permanent and stationary. Computerized range of motion testing, in addition to not being recommended by ACOEM, would not appreciably alter the clinical or vocational outcome. **The request for a range of motion (ROM) testing 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.