

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 4/28/2005
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0009111

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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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:

This patient is a 66-year-old female with stated date of injury of 04/28/2005. The documentation submitted for review indicates that the patient is current being treated for chronic low back and knee pain. Physical examination of the patient on 07/25/2013 indicated that the patient had a flare up of low back pain radiating into the left buttocks and leg. The clinical notes indicate that the patient was referred for an epidural steroid injection 3 weeks prior and that the patient's VAS score dropped from 7/10 to 3/10. However, the patient indicated her pain increased to 5/10 and at the time of evaluation on 07/25/2013, the patient had pain verbalized as 8/10. Treatment for the patient has consisted of Flector patches and over the counter Tylenol; however, the patient's pain was indicated as not well controlled. Physical examination of the lumbar spine noted difficulty with transitioning from a seated to standing position, with the patient ambulating with a forward flexed gait and movements of the lumbar spine that were slow and deliberate. Tenderness was noted to palpation over the left lumbar paraspinal muscles, the left facet joints, and left gluteal region. Lumbar spine range of motion was full in flexion but limited in extension and with lateral rotation bilaterally. Motor strength was noted to be limited to the left lower extremities with coordination and sensation intact. Patellar and Achilles reflexes were 2/4 bilaterally with provocative maneuvers remarkable for axial rotation pain. Recommendation was made by the treating provider for Cymbalta for chronic pain, Flector patches, comprehensive pain management evaluation and a urine drug screen was performed and reviewed. The patient was again evaluated on 08/22/2013 with clinical examination revealing full flexion, 10 degrees of extension, 10 degrees of left rotation, and 10 degrees of right rotation. Strength was graded 3/5 on the left quadriceps and 4/5 in the right quadriceps, 4/5 on the left and 5/5 on the right tibialis anterior, and 5/5 on the left and 5/5 on the right in the gastrocnemius soleus. Straight leg raise was negative bilaterally with the patient having positive axial rotation pain. Sensation was intact to light touch and pinprick in all

dermatomes of both tested lower extremities with patellar and Achilles reflexes 2/4 bilaterally.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 comprehensive pain management consultation between 7/25/ 2013 and 9/24/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, pg. 56, which is not part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Introduction, pg. 1, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain guidelines indicate that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. There is a lack of documentation submitted for review indicating a clear clinical rationale for the necessity of a comprehensive pain management consultation.

The request for 1 comprehensive pain management consultation between 7/25/2013 and 9/24/2013 is not medically necessary and appropriate.

2. Cymbalta 20 mg #14 between 7/25/2013 and 9/24/2013 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Serotonin Norepinephrine Reuptake Inhibitors (SNRIs), pg. 15, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain guidelines indicate that Cymbalta (Duloxetine) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and can be used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. However, while the documentation submitted for review indicates the employee to have limited range of motion and muscle weakness of bilateral lower extremities, there is a lack of documentation submitted for review indicating the employee has significant neuropathic pain or radiculopathy. **The request for Cymbalta 20 mg #14 between 7/25/2013 and 9/24/2013 is not medically necessary and appropriate.**

3. Cymbalta 30 mg #30 with 1 refill between 7/25/2013 and 9/24/2013 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Serotonin Norepinephrine Reuptake Inhibitors (SNRIs), pg. 15, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS guidelines indicate that Cymbalta (Duloxetine) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and can be used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. However, while the documentation submitted for review indicates the employee to have limited range of motion and muscle weakness of bilateral lower extremities, there is a lack of documentation submitted for review indicating the employee has significant neuropathic pain or radiculopathy. **The request for Cymbalta 30 mg #30 with 1 refill between 7/25/2013 and 9/24/2013 is not medically necessary and appropriate.**

4. Prescription of Flector 1.3% #60 with 2 refills between 7/25/2013 and 10/24/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Section Pain (Chronic), which is not part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics, pgs. 111-113, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain guidelines indicate that 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. Clinical literature suggests that Flector Patches contain diclofenac 1.3%. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Voltaren® Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Additionally, the guidelines indicate that this medication is not recommended as a first line treatment, with FDA approval for use for treatment of sprains, strains, and contusions. The guidelines indicate that the medication may be used for chronic pain; however, there exist no long-term studies of the effectiveness and safety of the medication beyond 2 weeks. Furthermore, documentation submitted for review indicates that while the employee has been under treatment with Flector patches, there is no indicated significant improvement in pain.

The request for Flector 1.3% #60 with 2 refills between 7/25/2013 and 10/24/2013 is not medically necessary and appropriate.

5. One urine drug screen between 7/25/2013 and 9/24/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section Opiates, steps to avoid misuse/addiction, which is part of MTUS.

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

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain guidelines indicate that drug screens are recommended as an option, to assess for the use or the presence of illegal drugs and for steps to take before a therapeutic trial of opioids as well as for on-going management for differentiation between dependence & addiction, and as a step to avoid misuse/addiction. According to the documentation submitted for review, the employee underwent drug screening on 07/25/2013. However, there is a lack of documentation indicating that the employee has undergone sufficient assessment indicating that the employee has evidence of risk factors for addictive behavior. Additionally, a review of prior drug screens were consistent with the employee's prescribed medications and there is no indication in the notes of 07/25/2013 indicating the necessity for continued testing. **The request for One urine drug screen between 7/25/2013 and 9/24/2013 is not medically necessary and appropriate.**

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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.

[REDACTED]

CM13-0009111