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**Notice of Independent Medical Review Determination**

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/9/2013  
Date of Injury: 12/2/2009  
IMR Application Received: 8/9/2013  
MAXIMUS Case Number: CM13-0009241

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg quantity requested: 1.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ambien 5mg quantity requested: 1.00 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen 15%/Cyclobenzaprine 10% quantity requested: 1.00 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy of the right shoulder, quantity requested: 8.00 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **urine drug screen (UDS) quantity requested: 1.00 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/16/2013. 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 **Norco 10/325mg quantity requested: 1.00** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ambien 5mg quantity requested: 1.00** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen 15%/Cyclobenzaprine 10% quantity requested: 1.00** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy of the right shoulder, quantity requested: 8.00** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **urine drug screen (UDS) quantity requested: 1.00** 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 Physical Medicine & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma, 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 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 60-year-old male who reported a work related injury on 12/02/2009 as a result of a strain to the right shoulder. Subsequently, the patient presents for treatment of: (1) right shoulder sprain/strain; (2) probable rotator cuff to the right shoulder; (3) bicipital tendonitis/shoulder; (4) adhesive capsulitis of the shoulder. Clinical note dated 05/14/2013 reports the patient was seen in follow-up under the care of Dr. [REDACTED] primary provider for the patient's injuries. Upon physical exam of the patient, the provider documents to see attached cervical and upper extremities progress exam sheet; however, that was not submitted for this review. The provider documented a discussion with the patient and recommended the following for the patient's future treatment, continued Norco 10/325 one by mouth twice a day for pain, Ambien 5 mg 1 by mouth at bedtime, and utilization of topical analgesic FluriFlex. In addition, the provider recommended physiotherapy twice a week for 4 weeks to the right shoulder

and recommended a urine test to monitor prescribed medications and re-evaluation in 3 months. Additionally, the clinical notes evidence the patient was status post a right shoulder arthroscopic SLAP lesion repair, arthroscopic and open subacromial bursectomy, and open rotator cuff repair as of 10/22/2010.

**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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - X Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for Norco 10/325mg quantity requested: 1.00 :**

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 California Medical Treatment Utilization Schedule (MTUS), 2009, Opioids-pain treatment agreement, page 89.

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

Rationale for the Decision:

The Chronic Pain Guidelines state that opioids “are seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain.” The guidelines also state “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).” The medical records provided for review indicate that the employee’s injury was nearly 4 years ago; however, the medical records do not indicate a pain contract, or provide the quantity for the request. **The request for Norco 10/325mg quantity requested: 1.00 is not medically necessary and appropriate.**

**2) Regarding the request for Ambien 5mg quantity requested: 1.00 :**

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 Official Disability Guidelines, Treatment Index, 6<sup>th</sup> Edition (web), 2008, Pain-Zolpidem (Ambien), which is not part of the MTUS.

The Expert 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 (ODG), Pain Chapter.

Rationale for the Decision:

The Official Disability Guidelines indicate that zolpidem (Ambien) is a prescription, short-acting nonbenzodiazepine hypnotic, which is approved for the short-term, usually 2 to 6 weeks treatment of insomnia. The medical records provided for review do not show evidence of how long the employee's course of treatment with the use of Ambien has been, in addition to the employee's reports of effectiveness with this medication for the sleep pattern complaints. **The request for Ambien 5mg quantity requested: 1.00 is not medically necessary and appropriate.**

**3) Regarding the request for Flurbiprofen 15%/Cyclobenzaprine 10% quantity requested: 1.00 :**

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 California Medical Treatment Utilization Schedule (MTUS), 2009, Pain-Topical analgesics-Muscle relaxants.

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:

The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The request does not meet guideline criteria. **The request for Flurbiprofen 15%/Cyclobenzaprine 10% Quantity requested: 1.00 is not medically necessary and appropriate.**

**4) Regarding the request for physical therapy of the right shoulder, quantity requested: 8.00 :**

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 Official Disability Guidelines, Treatment Index, 5<sup>th</sup> Edition, 2007, Shoulder-Exercises, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, page 99, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that physical medical treatment frequency should decrease over time from 3 visits per week to 1 or less with the goal of a self-directed home exercise program. The medical records provided for review do not indicate the benefit of previous supervised therapeutic interventions for the employee. The medical records do not show evidence of the duration, frequency, efficacy, as well as the employee's compliance with the previous supervised therapeutic interventions. Furthermore, the medical records failed to document whether or not the employee had attempted to use an independent home exercise program for the right shoulder symptoms. **The request for physical therapy of the right shoulder, Quantity requested: 8.00 is not medically necessary and appropriate.**

**5) Regarding the request for urine drug screen (UDS) quantity requested: 1.00 :**

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 Treatment Guidelines, page 77, which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines, Pain Chapter, updated 01/20/2012, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that drug testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. The medical records provided for review indicate that the employee has undergone multiple urine drug screens, about every 90 days. The medical records do not indicate that the employee has been noncompliant with the medication regimen or presented with abnormal behavior. **The request for urine drug screen (UDS) quantity requested: 1.00 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, 18<sup>th</sup> 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.