

Independent Medical Review Final Determination Letter

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Dated: 12/31/2013

IMR Case Number:	CM13-0024650	Date of Injury:	03/15/2011
Claims Number:	[REDACTED]	UR Denial Date:	08/15/2013
Priority:	STANDARD	Application Received:	09/16/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
SEE ATTACHED			

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 Orthopedic Surgery 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 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:

The claimant is a 62 year old male who sustained injuries to his right upper extremity and cervical spine on March 15, 2010. The clinical records indicate the claimant was recently assessed on August 12, 2013 by Dr. [REDACTED] for orthopedic re-evaluation for the cervical spine, chronic headaches, shoulder pain, right wrist pain and left upper extremity pain. The cervical spine evaluation was unchanged showing tenderness over the paravertebral musculature with spasm. The right shoulder examination was unchanged with tenderness over the subacromial space and acromioclavicular joint with positive impingement and Hawkin's testing. The right wrist demonstrated a healed incision from prior DeQuervain's release and the left upper extremity was with a positive Tinel's sign at the elbow, a positive Palmer compression test and Phalen's maneuver. Surgical intervention to the cervical spine was recommended in the form of a C3 through C7 anterior cervical discectomy and fusion. Reviewed was a recent cervical MRI March 5, 2011 that showed a 5 millimeter hemangioma at C2 with 2 millimeters of anterolisthesis at C4-5 and 3 millimeters at C5-6, multilevel disc changes with foraminal stenosis noted from C3-4 through C6-7 bilaterally. The electrodiagnostic study report April 25, 2012 showed mild to moderate bilateral carpal tunnel syndrome. There was also a request for medication, Cyclobenzaprine, Ondansetron, Tramadol, Medrox patches, twelve sessions of physical therapy for the left wrist and medical clearance with an internist.

IMR DECISION(S) AND RATIONALE(S)

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

1. Cyclobenzaprine hydrochloride tablets 7.5 mg #120 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Muscle Relaxants and Cyclobenzaprine sections, which are part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the continued use of Cyclobenzaprine would not be indicated. Cyclobenzaprine and muscle relaxants are only recommended for short term use of up to four weeks. The guidelines do not support the use in the chronic setting. The claimant has been undergoing treatment for multiple musculoskeletal conditions since 2011. At this stage of the treatment course 2 ½ years from injury the continued use of muscle relaxants in the form of Cyclobenzaprine is not supported.

2. Ondansetron ODT tablets 4 mg #30 x 2 = QTY 60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids, page 83, which is part of the MTUS; and the Official Disability Guidelines (ODG), Pain, Antiemetics and Ondansetron sections, which are not part of the MTUS.

The Physician Reviewer's decision rationale:

The CA ACOEM MTUS document nausea and vomiting as a side effect of opioids and recommend assessment of side effects as part of ongoing management of an individual who is taking opioids; they do not specifically address the medication in question. When looking at the Official Disability Guidelines the role of Ondansetron is typically recommended only for postoperative use of nausea and vomiting. The records do not indicate a diagnosis of nausea with current medication regimen and there is not support within the records for surgical intervention that could support the use of the medication in the immediate postoperative period. The need for this medication has not been established within the available medical record.

3. Tramadol hydrochloride ER 150 mg #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 76-80, which are part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS Chronic Pain Medical Treatment Guidelines continued role of Tramadol is not supported. The claimant is 2 ½ years since the time of injury with no documentation of benefit with the non-narcotic analgesic. The guidelines indicate that if no significant benefit has occurred with opioid use they should be discontinued. The continued treatment is not supported.

4. Medrox patch QTY = 30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pages 111-113, which are part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS Chronic Pain Medical Treatment Guidelines continued use of this topical compound that contains Capsaicin in a .0375 formulation would not be indicated. Capsaicin is only indicated as a second line agent for failure to respond to primary forms of therapeutic treatment and guidelines indicate that benefit in a concentration greater than .025% is unfounded. As the requested topical contains a medication which is not recommended in the formulation as prescribed, the topical compound cannot be recommended as medically necessary.

5. Post-op rehab and gentle range of motion exercises; 12 sessions, left wrist, with re-evaluation for continued post 12 visits/sessions if needed is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Postsurgical Treatment Guidelines (2009), Radial Styloid Tenosynovitis (de Quervain's), which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS Post Surgical Rehabilitative Guidelines continued post operative rehabilitation for the claimant's left wrist status post DeQuervain's release is not supported. The claimant's surgery occurred in April 2013 putting him eight months following the time of the operative procedure. The physical examination demonstrated a well healed scar to the left wrist, but gave no definition of positive physical examination finding that would continue to justify the need for rehabilitation at this stage. The role of twelve additional sessions of physical therapy is not supported.

6. Medical clearance with an internist is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS and Official Disability Guidelines.

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 Physician Reviewer based his/her

decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 7, page 127.

The Physician Reviewer's decision rationale:

Based on the CA ACOEM Guidelines medical clearance with an internist would not be supported. The role of surgical intervention in this case is not established. The clinical records do not indicate a need for surgical procedure to the cervical spine as noted. The need for preoperative medical clearance is not supported.

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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