

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested 60 units of Ultram (150 mg) from 5/9/13 **were not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 60 units of Omeprazole (20 mg) from 5/9/13 **were not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested 60 units of Trazodone (50 mg) from 5/9/13 **were not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/12/2013 disputing the Utilization Review Denial dated 5/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/13/2013. 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 requested 60 units of Ultram (150 mg) from 5/9/13 **were not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 60 units of Omeprazole (20 mg) from 5/9/13 **were not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested 60 units of Trazodone (50 mg) from 5/9/13 **were 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 and Rehabilitation has a subspecialty in Pain Management 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 15, 2013.

“The patient is a 32-year-old male with a date of injury of 3/01/2013. The provider has submitted a retrospective request for 60 Ultram 150mg, 60 omeprazole 20mg and 60 Trazodone 50mg, dispensed on 5/09/2013.

“According to the most recently submitted documentation dated 5/09/2013, the patient had head, neck, left shoulder, mid and upper back pain that radiated into the left arm, elbow and hand. The patient also had lower back and right leg pain that radiated into the right knee, ankle, foot and big toe. The pain was associated with left arm numbness and right leg weakness. The patient reported that the pain was of moderate intensity and rated it 6/10 the day of examination and an average of 7/10 over the past week. The patient also reported that his symptoms were improving. Physical examination findings for the lumbar spine consisted of tenderness to palpation of the lumbar paraspinal muscles bilaterally.

Objective findings for the right lower extremity consisted of well-healed surgical scars on the foot, tenderness over the shin, 90% decreased ankle motion and decreased sensation distal to the mid shin. The patient is status post surgery on 3/02/2013 for a right tibia-fibula fracture and was noted to wear a rigid boot on the right leg and ambulate with the use of a wheelchair.

“Regarding Ultram, a synthetic opioid affecting the central nervous system, the California Chronic Pain Medical Treatment Guidelines recommend this medication for moderate to severe pain. Generally a 10-15 day trial of an opioid medication is supported. The continued use of opioids is contingent on

documented evidence of improved pain and functioning.”

### **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 for Independent Medical Review (received 6/12/13)
- Utilization Review determination from [REDACTED] (dated 5/15/13)
- Employee medical records from [REDACTED], MD (dated 4/12/13-6/6/13)
- Employee medical records from [REDACTED] (dated 5/9/13)
- Employee medical records from [REDACTED] (dated 3/1/13-4/16/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg 3-6, 58-59, 70-73

### **1) Regarding the retrospective request for 60 units of Ultram (150 mg) from 5/9/13:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pages 70-73, which are part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance, and, in addition, utilized pg. 93-96 of the Chronic Pain Medical Treatment Guidelines.

#### Rationale for the Decision:

The employee sustained a work-related injury on 3/1/13 from a fall which injured the right foot and back. Medical records provided and reviewed indicate open reduction, internal fixation of the right tibia was done on 3/3/13. The medical record dated 5/9/13, indicates that during the past month the employee avoids going to work, socializing with friends, exercising, household chores, doing yard work or shopping, having sexual relationships, and caring for self due to pain. While the initial use of Ultram for pain management appears to be a reasonable choice, California MTUS requires ongoing monitoring of any opioid medication. This includes monitoring of adverse side effects, aberrant behaviors, activities of daily living, and analgesic benefit. The medical record from 5/9/13 has no clear statement of what functional benefit Ultram is giving this employee. The records do discuss the limited functionality of the employee, but it is not clear whether Ultram has any functional benefit. The requested 60 units of Ultram (150 mg) from 5/9/13 **were not medically necessary and appropriate.**

### **2) Regarding the retrospective request for 60 units of Omeprazole (20 mg) from 5/9/13:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based guidelines for its decision. The provider did not offer any evidence-based guidelines in dispute of the Claims Administrator's decision. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 68-69 which is part of the Medical Treatment Utilization Schedule (MTUS) relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 3/1/13 from a fall which injured the right foot and back. Medical records provided and reviewed indicate open reduction, internal fixation of the right tibia was done on 3/3/13. The California MTUS specifies that proton pump inhibitors (Omeprazole) may be utilized for those at risk for gastrointestinal events. Examples listed in the California MTUS include those who are on multiple concomitant NSAIDs, those with a history of gastrointestinal (GI) bleeding, or those on concomitant anticoagulation or steroid medication. There is no documentation in the submitted progress notes or the initial evaluation of any GI risk factors that would warrant a proton pump inhibitor. The past medical history section of the initial consultation from 3/1/13 does not mention any history of GI bleeding, ulcers, or intolerance to non steroidal anti-inflammatory medication. Based on the guidelines and the lack of documentation of gastrointestinal risk, the requested 60 units of Omeprazole (20 mg) from 5/9/13 **were not medically necessary and appropriate.**

**3) Regarding the retrospective request for 60 units of Trazodone (50 mg) from 5/9/13:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Mental Illness & Stress, insomnia, which are not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance as MTUS did not address the disputed issue.

Rationale for the Decision:

The employee sustained a work-related injury to the right foot and back from a fall on 3/1/13. Medical records provided and reviewed indicate open reduction, internal fixation of the right tibia was done on 3/3/13. The California MTUS does not specifically address the use of Trazodone, and therefore, the Official Disability Guidelines (ODG) was utilized. ODG indicates Trazodone as a first-line therapy for acute insomnia lasting less than 6 months, and the guidelines further suggest non-pharmacologic approaches to insomnia management to include suggestions for improved sleep hygiene. The records provided for review do not document failure of non-pharmacological management of insomnia, and there is no commentary as to whether counseling and education with regard to sleep

hygiene has been provided to this employee. The requested 60 units of Trazodone (50 mg) from 5/9/13 **were 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
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.