

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Dendracin Lotion **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 7.5mg #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/5/2013 disputing the Utilization Review Denial dated 6/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/5/2013. 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 Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Dendracin Lotion **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 7.5mg #60 **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 & 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 June 7, 2013

"Medical report dated 5/28/2013 by Dr. [REDACTED], the patient reported severe headaches which was attributed to [REDACTED]. "The patient started and stopped and same happened", the patient reported pain in the mid back, lower back and left leg. Pain was associated with tingling, numbness and weakness in the left leg. Visual analog scale was 5/10. Pain increased with sitting, standing, walking, lying down, pushing shopping cart and leaning forward. Pain In the back was 50 percent of the pain and pain In the leg was 50 percent of the pain. The patient walked three blocks before having to stop because of pain. On physical exam, the patient stood 5'7 tall and weighed 212 pounds, the patient ambulated without an assistive device with a normal gait pattern. Examination of the cervical spine documented range of motion (ROM) was full in all planes of the cervical spine. Examination of the lumbar spine documented ROM to forward flexion was 45 degrees, extension was 20 degrees, side bending was 25 degrees to the right and 25 degrees to the left. There was tenderness upon palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There was negative lumbar facet loading maneuver bilaterally. There was positive straight leg raise (SLR) test in the seated and supine position. Motor strength was 5/5 and was symmetrical throughout the bilateral lower extremities. Date of injury: 01/04/13"

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 dated 7/05/2013
- Utilization Review Determination provided by [REDACTED] dated 6/07/2013
- Medical Records from 4/03/2013 through 6/26/2013
- Chronic Pain Medical Treatment Guidelines, 2009, NSAID's, GI Symptoms & Cardiovascular Risk, pages 68-70
- Chronic Pain Medical Treatment Guidelines, 2009, Salicylate topical, page 105
- Chronic Pain Medical Treatment Guidelines, 2009, NSAID's, page 73
- Chronic Pain Medical Treatment Guidelines, 2009, Cyclobenzaprine, page 64

1) Regarding the request for Prilosec 20mg # 60 tabs:

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, 2009, NSAIDS, GI Symptoms & Cardiovascular Risk, pages 68-70, of the 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.

Rationale for the Decision:

The employee reported a work related injury to his low back, left hip, and upper back on 1/04/2013. Treatment included pain medication, chiropractic care, X-rays and MRI of the lumbar spine. A medical report dated 4/3/2013 indicated that the employee continued to experience low back pain and leg pain. A request was made for Prilosec 20mg #60 tabs, Dendracin Lotion, and Cyclobenzaprine 7.5mg #60 tabs.

The employee is noted to be on naproxen, a non-selective NSAID. The submitted records fail to identify the patient as being at risk for gastrointestinal (GI) events. The MTUS specifically states that non-selective NSAIDs used in the absence of GI risk factors do not warrant proton pump inhibitors such as Prilosec. The requested Prilosec 20mg #60 tabs is not medical necessary and appropriate.

2) Regarding the request for Dendracin Lotion:

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, 2009, Salicylate topical, page 105, of the 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.

Rationale for the Decision:

The employee reported a work related injury to his low back, left hip, and upper back on 1/04/2013. Treatment included pain medication, chiropractic care, X-rays and MRI of the lumbar spine. A medical report dated 4/3/2013 indicated that the employee continued to experience low back pain and leg pain. A request was made for Prilosec 20mg #60 tabs, Dendracin Lotion, and Cyclobenzaprine 7.5mg #60 tab.

Dendracin Lotion is a compounded medication containing methyl salicylate, benzocaine, and menthol. The MTUS states that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl Salicylate is not recommended for topical treatment for lumbago or lumbar radiculitis. The requested Dendracin Lotion is not medically necessary and appropriate.

3) Regarding the request for Cyclobenzaprine 7.5mg #60:

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, 2009, Cyclobenzaprine, page 64, of the 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.

Rationale for the Decision:

The employee reported a work related injury to his low back, left hip, and upper back on 1/04/2013. Treatment included pain medication, chiropractic care, X-rays and MRI of the lumbar spine. A medical report dated 4/3/2013 indicated that the employee continued to experience low back pain and leg pain. A request was made for Prilosec 20mg #60 tabs, Dendracin Lotion, and Cyclobenzaprine 7.5mg #60 tab.

The California MTUS recommends Cyclobenzaprine for a short course of therapy but does not recommend for chronic use. According to the submitted medical records, the employee has taken Flexeril since 4/30/2013, a refill was done on 5/28/13, and a progress note dated 6/24/2013 mentioned that Flexeril had been denied. The MTUS criteria for a short course of therapy has been met. The requested Cyclobenzaprine 7.5mg #60 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;

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

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.