

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

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- 1) MAXIMUS Federal Services, Inc. has determined the occupational therapy for left elbow, wrist, hand, and fingers 2 times a week for 6 weeks (12 total sessions) requested **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the physical therapy for left humeral fracture 2 times a week for 6 weeks (12 total sessions) requested **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the prospective usage of 1 Medrol Dose Pack requested **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the prospective usage of Neurontin (100 mg, 6 month supply) requested **is medically necessary and appropriate.**

- 5) MAXIMUS Federal Services, Inc. has determined the prospective usage of Vitamin C (500 mg, 6 month supply) requested **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the prospective usage of Norco (5/325 mg, 6 month supply) requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/5/2013 disputing the Utilization Review Denial dated 2/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/23/2013. 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 occupational therapy for left elbow, wrist, hand, and fingers 2 times a week for 6 weeks (12 total sessions) requested **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the physical therapy for left humeral fracture 2 times a week for 6 weeks (12 total sessions) requested **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the prospective usage of 1 Medrol Dose Pack requested **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the prospective usage of Neurontin (100 mg, 6 month supply) requested **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the prospective usage of Vitamin C (500 mg, 6 month supply) requested **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the prospective usage of Norco (5/325 mg, 6 month supply) requested **is not medically necessary and appropriate.**

### **Medical Qualifications of the Professional 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 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 professional 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 February 26, 2013.

“Orthopedic/neurologic consultation report dated 02/11/13 indicates that the claimant sustained an injury on 01/09/13 while doing the usual customary duties as a probation officer. The claimant has pain, weakness, stiffness, numbness, and tingling in the left arm. X-ray of the left upper extremity reveals a comminuted proximal humerus fracture as well as a comminuted shaft fracture. The claimant reports hypersensitivity and tingling in the radial aspect of the wrist and thumb, as well as dorsum of the hand. The claimant’s symptoms are constant, aching to sharp in nature, and moderate to severe in intensity. The pain starts in the neck and radiates down the left arm all the way to the fingers and is exacerbated by movement and is relieved by rest and medication. The claimant states that overall, the symptoms are worsening and the numbness and tingling are increasing.

“The claimant is currently not working. The claimant has high blood pressure. The claimant is currently utilizing Norco and Amlodipine. On exam, there is moderate swelling and edema in the entire left arm, and there is tenderness to palpation along the upper arm. Range of motion of the left shoulder, elbow, wrist, and fingers are decreased and with pain. There is also increased swelling of the fingers and hands. There is increased dysesthesia over the radial sensory nerve distribution. Capillary refill is brisk. Grip strength on the left is 0. Radiographs were taken in the office at the moment and were reviewed which revealed good alignment of the proximal humerus and shaft fracture with plate and screw fixation in place. The provider recommends Medrol dose pack, Neurontin for nerve pain, Vitamin C therapy every day for the next 60 days, and Norco for pain. The provider also recommends occupational therapy to work on range of motion and decrease swelling modalities and repeat 2 view radiographs of the left humerus. The claimant is advised to follow-up in 4 to 5 weeks. The claimant is temporarily totally disabled.”

**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 3/4/13)
- Utilization Review Certification performed by [REDACTED] (dated 2/27/13)
- Utilization Review Denial/Modification performed by [REDACTED] (dated 2/26/13)
- Medical Records relevant to Utilization Review dated 2/27/13 (dated 1/19/13 – 2/13/13)
- Utilization Review Denial/Modification not related to current IMR application but containing relevant medical information (dated 4/24/13)

- Medical Records corresponding to the Utilization Review dated 4/24/13) but relevant to the current IMR application (dated 3/26/13 – 4/24/13)
- Official Disability Guidelines (ODG), CRPS section, Shoulder Section
- Chronic Pain Guidelines, Anti-epilepsy drugs section, Opioids Section

**1) Regarding the request for occupational therapy for left elbow, wrist, hand, and fingers 2 times a week for 6 weeks (12 total sessions):**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Pain Procedure Summary, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found that the Chronic Pain Medical Treatment Guidelines (2009) (Pages 98-99) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004) (Pain, Suffering, and Restoration of Function Chapter), of the MTUS are more relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee works as a probation officer. In this capacity, use of extremities is required. The employee was having left arm pain and swelling. There was hypersensitivity and tingling in the radial aspect of her wrist and dorsum of the hand. The employee's records showed 45 degrees of supination and 34 degrees of extensor lag.

The Claims Administrator partially certified 6 sessions of occupational therapy for the left elbow, wrist, hand, and fingers. The request for authorization was for a total of 12 sessions. The issue at dispute is the number of sessions deemed medically necessary and appropriate.

An x-ray taken 1/19/13 showed comminuted fractures of the humeral head, neck and shaft. Therapy was appropriate to address range of motion. The employee's medical records indicated surgery was performed on 1/29/13. Based on the patient's surgery and work-related physical requirements, the requested occupational therapy 2 times a week for 6 weeks (12 total sessions) is medically necessary and appropriate.

**2) Regarding the request for physical therapy for left humeral fracture 2 times a week for 6 weeks (12 total sessions):**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Shoulder Procedure Summary, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found that the Chronic Pain Medical Treatment Guidelines (2009) (Pages 98-99) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004) (Pain, Suffering, and Restoration of Function Chapter), of the MTUS are more relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee works as a probation officer. In this capacity, use of extremities is required. The employee was having left arm pain and swelling. There was hypersensitivity and tingling in the radial aspect of her wrist and dorsum of the hand. The employee's records showed 45 degrees of supination and 34 degrees of extensor lag.

The Claims Administrator partially certified 6 sessions of physical therapy for the left humeral fracture. The request for authorization was for a total of 12 sessions. The issue at dispute is the number of sessions deemed medically necessary and appropriate.

An x-ray taken 1/19/13 showed comminuted fractures of the humeral head, neck and shaft. The employee completed shoulder surgery 1/29/2013. The guidelines support physical therapy as appropriate and consistent with standard of care to address the employee's range of motion. Physical therapy 2 times a week for 6 weeks (12 total sessions) is medically necessary and appropriate.

**3) Regarding the request for prospective usage of 1 Medrol Dose Pack:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Neck and Upper Back Procedure Summary, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found that the ODG, Low Back Chapter, of the MTUS is more relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Exam showed increased pain in the RSN distribution. ODG criteria for oral/parenteral steroids for low back pain includes clinical radiculopathy. A Medrol dose pack is an anti-inflammatory that can be used to treat active signs of radiculopathy. The employee had pain radiating to the left upper extremity and swelling. The pain traveled from the neck to the fingers. An exam showed

increased pain in the RSN distribution. 1 Medrol dose pack is medically necessary and appropriate.

**4) Regarding the request for prospective usage of Neurontin (100 mg, 6 month supply):**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Anti-Epilepsy Drugs Section, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the Chronic Pain Medical Treatment Guidelines (2009) (Pages 16-17) section of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The patient has symptoms consistent with radiculopathy. The doctor's initial working diagnosis at the time of the initial request was RSD. X-rays of the cervical spine confirmed severe disc collapse at C5-6 and oblique x-rays confirmed C5-6 foraminal stenosis.

The Claims Administrator partially certified a 2 month supply of Neurontin (100 mg). The request for authorization was for a 6 month supply of Neurontin (100 mg). The issue at dispute is the months' supply of Neurontin deemed medically necessary and appropriate.

Neurontin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and has been considered as a first-line treatment for neuropathic pain. The guidelines support use of Neurontin in neuropathic pain states. The prospective usage of Neurontin (100 mg, 6 month supply) is medically necessary and appropriate.

**5) Regarding the request for prospective usage of Vitamin C (500 mg, 6 month supply):**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Pain Procedure Summary, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the publication Evidence based guidelines for complex regional pain syndrome type 1, Perez RS, BMC Neurol. 2010 Mar 31;10:20. doi: 10.1186/1471-2377-10-20 to be more relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The patient had evidence of neuropathic pain following a fracture.

The Claims Administrator partially certified a 2 month supply of Vitamin C (500 mg). The request for authorization was for a 6 month supply of Vitamin C (500 mg). The issue at dispute is the months' supply of Vitamin C deemed medically necessary and appropriate.

The guideline supports usage of Vitamin C to prevent occurrence of complex regional pain syndrome (CRPS)-I after wrist fractures. The prospective usage of Vitamin C (500 mg, 6 month supply) is medically necessary and appropriate.

**6) Regarding the request for prospective usage of Norco (5/325 mg, 6 month supply):**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids Section, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the Chronic Pain Medical Treatment Guidelines (2009) (Pages 79-81) section of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was being evaluated and treated for pain at the time of the request for Norco. Vitamin C and Neurontin were approved. The employee was completing a workup for the source of the pain.

The Claims Administrator partially certified a 2 month supply of Norco (5/325 mg). The request for authorization was for a 6 month supply of Norco (5/325 mg). The issue at dispute is the months' supply of Norco deemed medically necessary and appropriate.

The Chronic Pain Medical Treatment Guidelines of the MTUS do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

The employee's medical records are unclear regarding the duration of opiate use to date. In addition, there is no rationale for concurrent prescriptions for hydrocodone and tramadol. There is no discussion regarding non-opiate means

of pain control or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Additional information is necessary to show medical necessity for the requested Norco, as the Chronic Pain Medical Treatment Guidelines of the MTUS require clear and concise documentation for ongoing management.

Prospective use of Norco (5/325 mg, 6 month supply) 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, 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.