

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/8/2013
Date of Injury:	5/14/2009
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010976

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 7.5mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Trazodone 50mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Dendracin lotion 120ML is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **Flexeril 7.5mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Trazodone 50mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Dendracin lotion 120ML 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 Occupational Medicine, 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.

### **Expert Reviewer Case Summary:**

The claimant is a 52-year-old man, with a claim of work-related injury, resulting from an attempt to lift a large box on 5/14/09. Early on after the injury, he complained of neck pain and mostly left upper extremity pain. He has complaints of neck pain radiating to the left shoulder, and he had chronic left shoulder complaints pre-dating this injury date. MRI revealed rotator cuff and biceps tears and tendinopathy on 11/12/09. Upper extremity NCS/EMG on 6/2/10 showed bilateral carpal tunnel syndrome, right worse than left. It also showed left cervical radiculopathy at C5, C6 and possibly C7. Treatment has been multifaceted, including orthopedic (surgical), psychiatric / psychological, physical therapy, and medical.

### **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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Flexeril 7.5mg #60:**

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 MTUS, 2009, Pain – Muscle Relaxants for Pain.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Antispasmodics, page 64, which is part of the MTUS.

Rationale for the Decision:

Flexeril is appropriate for muscular pain/spasm on a short-term basis. The greatest effects are the first four days of therapy. It is not indicated for long-term treatment, with dosing suggested for 2-3 weeks maximum. **The request for Flexeril 7.5mg #60 is not medically necessary and appropriate.**

**2) Regarding the request for Trazodone 50mg #60:**

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 following website: [www.drugs.com](http://www.drugs.com), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 61, which is part of the MTUS.

Rationale for the Decision:

The medication is not included in the chronic pain treatment guideline under the generic name or at least two brand names. It may help sleep but the lack of sleep has not been shown to be directly related to the injury in 2009. It is an anti-depressant, but depression has not been clearly linked to the employee's injury. A note dated 1/21/13 indicates that the employee's sleeping problems relate to left shoulder pain and PTSD. It is not clear whether the Trazodone is intended to manage the PTSD as a cause of lost sleep, or to decrease his pain. Neither use is indicated in the chronic pain treatment guideline. **The request for Trazodone 50mg #60 is not medically necessary and appropriate.**

**3) Regarding the request for Prilosec 20mg #60:**

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 MTUS, 2009, Pain – NSAIDs, GI symptoms, and cardiovascular risk, page 68.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 68, which is part of the MTUS.

Rationale for the Decision:

Years of NSAID use may cause irritation to the gastric lining. Other risk factors include: age (>65 years), concurrent use of aspirin, anticoagulation, history of ulcer or high doses of NSAIDs. The employee does not have any of these risk factors noted, and does not appear to be at intermediate or high risk of gastrointestinal complication. **The request for Prilosec 20mg #60 is not medically necessary and appropriate.**

**4) Regarding the request for Dendracin lotion 120ML:**

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 MTUS, 2009, Pain – Topical Analgesics and Topical Salicylate sections.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 111, which is part of the MTUS.

Rationale for the Decision:

Topical analgesics are primarily indicated for neuropathic pain, when anticonvulsants and anti-depressants have failed. This has not been demonstrated in the records submitted for review. **The request for Dendracin lotion 120ML 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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