

Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/12/2013
Date of Injury:	10/24/2012
IMR Application Received:	8/20/2013
MAXIMUS Case Number:	CM13-0013456

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one quantity of Cyclobenzaprine 7.5 mg #120 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one quantity of Levofloxacin 750 mg #20 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **two quantity of Medrox 120 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one quantity of Tramadol ER 150 mg #90 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/20/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **one quantity of Cyclobenzaprine 7.5 mg #120 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one quantity of Levofloxacin 750 mg #20 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request **for two quantity of Medrox 120 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one quantity of Tramadol ER 150 mg #90 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 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.

Expert Reviewer Case Summary:

This patient is a male with a date of injury of 10/24/2012. A UR determination dated 8/12/2013 recommends non-certification for cyclobenzaprine, levofloxacin, medrox, and tramadol ER. The most recent progress report available for review includes subjective complaints stating, "the patient is improving regarding his low back." Physical exam states, "examination of the lumbar spine reveals well-healed midline scar. There is tenderness of the lumbar paravertebral muscles. There is pain with terminal motion. Neurovascular status remains intact." Diagnosis states, "status post laminectomy and discectomy." The treatment plan recommends PT and "continue taking medications on an as-needed basis". A progress report date 6/11/2013 states "He has no neck pain or back pain whatsoever."

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 one quantity of Cyclobenzaprine 7.5 mg #120 :

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 Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, Antispasmodics, and Antispasticity Drugs, which are part of the MTUS; and the Official Disability Guidelines, Pain, Muscle Relaxants, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, which are part of MTUS, 8 C.C.R. Sections 9792.20-9792.26, pages 41-42, and 66.

Rationale for the Decision:

The guidelines recommend non-sedating muscle relaxants to be used with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in individuals with chronic low back pain. Within the documentation available for review, there is no indication of an acute exacerbation. The guidelines do not recommend muscle relaxants to be used on a long term basis for chronic pain.

The request for one quantity of Cyclobenzaprine 7.5 mg #120 is not medically necessary and appropriate.

2) Regarding the request for one quantity of Levofloxacin 750 mg #20 :

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 Mosby's Drug Consult, last updated 11/25/2011, which is not part of the MTUS.

The Expert 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 Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain, Cellulitis.

Rationale for the Decision:

Levofloxacin is an antibiotic which is indicated in the treatment of bacterial infection. Within the documentation available for review there is no indication that this employee has an infection. There are no subjective complaints consistent with infection, and no objective findings supporting a diagnosis of infection, and no diagnosis of infection listed in any of the notes provided. **The request for on quantity of Levofloxacin 750 mg #20 is not medically necessary and appropriate.**

3) Regarding the request for two quantity of Medrox 120 :

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 Chronic Pain Medical Treatment Guidelines, Topical Analgesics and Non-Steroidal Antiinflammatory Agents, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 111-113, which are part of the MTUS.

Rationale for the Decision:

Medrox is a topical medication containing capsaicin, menthol and methyl salicylate. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Regarding topical nonsteroidal anti-inflammatory drugs (NSAIDs), the guidelines state that the indications are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short-term use (4-12 weeks). Within the documentation available for review, there is no indication that the employee has not responded to, or is intolerant of, other medications as required for capsaicin. Additionally, there is no indication that the topical NSAID is being used for the short-term treatment of osteoarthritis or tendinitis in the knee or elbow as required by the guidelines. **The request for two quantity of Medrox 120 is not medically necessary and appropriate.**

4) Regarding the request for one quantity of Tramadol ER 150 mg #90 :

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 Chronic Pain Medical Treatment Guidelines, Opioids, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 76-80, 84, which are part of the MTUS.

Rationale for the Decision:

The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects when prescribing opiate pain medication such as Tramadol. Within the documentation available for review, none of these things have been documented. Additionally, the progress report of 6/11/13 states that the employee has no pain. **The request for one quantity of Tramadol ER 150 mg #90 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, 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.