

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/9/2013
Date of Injury: 5/9/2012
IMR Application Received: 8/28/2013
MAXIMUS Case Number: CM13-0017363

- 1) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) urine drug screen **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 12 sessions of physical therapy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/9/2013. 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 Tramadol 50mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) urine drug screen **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 12 sessions of physical therapy **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor/Musculoskeletal Spine 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 North Carolina, New York and Pennsylvania. 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 patient is a 49-year-old former pre-school teacher, who was injured on 5/9/12 when the patient tripped over a child, and fell face-forward, landing on another child, injuring both wrists, knees, neck and back. The patient never returned to work at that occupation, although the patient continues to work on the weekends providing caregiver services, driving her client to class and appointments. The patient has been worked up for her ongoing pain with x-rays, MRIs and neurodiagnostic testing. They have shown degenerative changes in the neck at C6-7. The neurodiagnostic testing showed right median (moderate) sensory and motor (mild) neuropathy, and left sensory neuropathy (mild) at the wrist, and was normal in the lower extremities. MRI showed a disc herniation abutting the anterior portion of the thecal sac. Treatment has included physical therapy, acupuncture and medication and CBT instruction. Despite these interventions, the patient claims to have trouble with self-care, housework and most activities – lifting, twisting, gripping, fine manipulation, pushing and pulling, repetitive hand movement, standing and walking, changing positions, climbing stairs, etc. The patient also claims poor sleep, 5 hours per night, and feeling stressed.

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 Tramadol 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 Chronic Pain Medical Treatment Guidelines, page 74, which is part of the MTUS, as well as the University of Michigan Health System Guidelines for Clinical Care: Managing Non-Terminal Pain, Including Prescribing Controlled Substances, pages 10 and 32, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pgs. 75, 80, 82, and 88 - 89, which are part of the MTUS.

Rationale for the Decision:

Tramadol may be effective with neuropathic pain, however neurodiagnostic testing does not show significant neuropathic pain from the neck or low back. On exam, wrist and back pain is worse with palpation. It has not necessarily shown a corresponding increase in function, however, when used for chronic low back pain. Since it is considered a synthetic opioid, Tramadol must undergo trial, showing successful improvement in function and decrease in pain levels. There is no evidence that the employee's function has improved. In fact, the employee's function appears worse later in treatment. Tramadol was tested (cis-tramadol) and showed negative urine results, calling into question the employee's compliance with the recommended treatment. **The request for Tramadol 50mg #60 is not medically necessary and appropriate.**

2) Regarding the request for one (1) urine drug screen :

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, pages 74 - 89, which is part of the MTUS, as well as the University of Michigan Health System Guidelines for Clinical Care: Managing Non-Terminal Pain, Including Prescribing Controlled Substances, pages 10 and 32, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids – ongoing management, differentiating

dependence and addition, steps to avoid misuse and addiction, pgs. 78, 84-88, which are part of the MTUS.

Rationale for the Decision:

Since the Tramadol is not indicated, urine drug screening is not required as part of monitoring its adherence. Prior results do not seem to have been used to monitor adherence, with negative results and continued prescribing. **The request for one (1) urine drug screen is not medically necessary and appropriate.**

3) Regarding the request for 12 sessions of physical therapy :

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, page 74, which is part of the MTUS, as well as the University of Michigan Health System Guidelines for Clinical Care: Managing Non-Terminal Pain, Including Prescribing Controlled Substances, pages 10 and 32, which is not part of the MTUS..

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pgs. 98-99, which are part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Although therapy may be beneficial to this employee, the records are unclear regarding the potential utility of repeating physical therapy. There is no information about the quantity of PT (the duration was 2 months in 2012, but the number of visits is not specified. Furthermore the employee restarted PT on 6/13/13, but neither the duration nor the quantity was specified in the records reviewed). The records note that the therapy was not felt to be of appreciable benefit. The employee did not comply with the home exercise program, which is an integral part of the Chronic Pain Medical Treatment Guidelines. There is not enough information regarding the duration, number, content and results of prior PT to approve this request for physical therapy. **The request for 12 sessions of physical therapy 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.