
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 4/5/2008
IMR Application Received: 7/12/2013
MAXIMUS Case Number: CM13-CM13-0001317

- 1) MAXIMUS Federal Services, Inc. has determined the request for prescription Relafen QTY: 60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for prescription Senokot-S QTY: 120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for prescription Zolofit QTY: 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for prescription Prilosec QTY: 30 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for prescription Restoril QTY: 30 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for prescription Suboxone QTY: 60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 prescription Relafen QTY: 60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for prescription Senokot-S QTY: 120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for prescription Zoloft QTY: 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for prescription Prilosec QTY: 30 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for prescription Restoril QTY: 30 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for prescription Suboxone QTY: 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 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 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 July 1, 2013:

“The patient is a 39 year-old male. The date of injury was April 5, 2008. The mechanism of injury occurred while he was setting up tables and chairs for an event when the wheels of the table came off and pushed him up against a stack of chairs hurting his back, pelvic and leg. The current diagnoses are: Neck pain; chronic low back and right leg pain; right hip pain. Treatment has included: Right hip replacement; medications; diagnostics. In the most recent report on file, dated June 11, 2013, Dr. [REDACTED] notes: Subjective: patient presents for follow-up of low back pain. Current medications: Suboxone 8 mg; Relafen 750 mg; Colace 100mg; Zoloft 50mg; Prilosec 20mg; Restoril 30 mg. Objective: He is only two months post right hip replacement, so I did not push the range of motion.”

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 7/12/2013)
- Utilization Review Determination from [REDACTED] (dated 7/1/2013)
- Medical Records from [REDACTED] (dated 8/22/12)
- Medical Records from [REDACTED] (dated 9/17/12-4/19/13)
- Medical Records from [REDACTED] (dated 8/31/12-10/12/12)
- Medical Records from [REDACTED] (dated 10/16/12-7/27/2013)
- Medical Records from [REDACTED] (dated 2/27/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 68, 77

1) Regarding the request for prescription Relafen QTY: 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 (May, 2009) pg. 68, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider cited the Chronic Pain Medical Treatment Guidelines (2009), pg. 8, which is part of the MTUS as relevant and appropriate for the employee's clinical circumstance. 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 was injured on 4/5/08 and has experienced neck pain, chronic low back and right leg pain and right hip pain. The medical records provided for review indicate that the employee had hip replacement surgery in April 2013. The medical record dated 6/11/13 notes that the employee has had significant improvement of his pain, and the provider noted that the employee has a good range of motion with ambulating. The request was submitted for Relafen, quantity 60.

The MTUS Chronic Pain Guidelines recommend the use of nonsteroidal anti-inflammatories (NSAIDs) as an option for short-term symptomatic relief. MTUS Chronic Pain guidelines further state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain with neuropathic pain. The records provided for review indicate that as early as 8/31/12, Relafen has been prescribed. The prolonged use of this medication and documentation in the medical record of the employee being treated for bleeding in the emergency room does not meet guideline criteria. The request for Relafen, quantity 60, **is not medically necessary or appropriate.**

2) Regarding the request for prescription Senokot-S QTY: 120:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based guidelines for its decision. The provider cited the Chronic Pain Medical Treatment Guidelines (2009), pg. 77, which is part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the provider relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/5/08 and has experienced neck pain, chronic low back and right leg pain and right hip pain. The medical records provided for review indicate that the employee had hip replacement surgery in April 2013. The medical record dated 6/11/13 notes that the employee has had significant improvement of his pain, and the provider noted that the employee has a good range of motion with ambulating. The request was submitted for Senokot-S, quantity 120.

The MTUS Chronic Pain guidelines recommend Senokot when there is documentation of opiate-induced constipation. The medical records provided for review document the only opioid-type medication, Suboxone, has been deemed not medically necessary, therefore the Senokot-S would not be necessary per guideline criteria. The request for a prescription of Senokot-S, quantity 120, **is not medically necessary or appropriate.**

3) Regarding the request for prescription Zoloft QTY: 30:

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) pg.14, which is part of the Medical Treatment Utilization Schedule (MTUS). The Provider cited the Chronic Pain Medical Treatment Guidelines (2009), pg. 13-16, which is part of the MTUS. 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 was injured on 4/5/08 and has experienced neck pain, chronic low back and right leg pain and right hip pain. The medical records provided for review indicate that the employee had hip replacement surgery in April 2013. The medical record dated 6/11/13 notes that the employee has had significant improvement of his pain, and the provider noted that the employee has a good range of motion with ambulating. The request was submitted for Zoloft, quantity 30.

The MTUS Chronic Pain guidelines state that Zoloft is recommended for chronic pain and neuropathic pain. The medical records provided for review do not show documentation that this patient has significant depression due to chronic pain. Moreover, the records provided do not indicate that the patient had undergone a psychosocial evaluation for his chronic depression. The request for Zoloft, quantity 30 **is not medically necessary or appropriate.**

4) Regarding the request for prescription Prilosec QTY: 30:

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), pg. 68, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider cited the Chronic Pain Medical Treatment Guidelines (2009), pg. 8, which is part of the MTUS as relevant and appropriate for the employee's clinical circumstance. 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 was injured on 4/5/08 and has experienced neck pain, chronic low back and right leg pain and right hip pain. The medical records provided for review indicate that the employee had hip replacement surgery in April 2013. The medical record dated 6/11/13 notes that the employee has had significant improvement of his pain, and the provider noted that the employee has a good range of motion with ambulating. The request was submitted for Prilosec, quantity 30.

The MTUS Chronic Pain guidelines state that Prilosec is recommended for those taking nonsteroidal anti-inflammatory (NSAID)'s with documented gastrointestinal (GI) distress symptoms and/or GI risk factors. The medical records provided for review document the NSAID previously prescribed has been deemed not medically necessary, and therefore, Prilosec would not be necessary per guideline criteria. The request Prilosec, quantity 30, **is not medically necessary or appropriate.**

5) Regarding the request for prescription Restoril QTY: 30:

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) pg. 24, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider cited the Chronic Pain Medical Treatment Guidelines (2009), pg. 8, which is part of the MTUS as relevant and appropriate for the employee's clinical circumstance. 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 was injured on 4/5/08 and has experienced neck pain, chronic low back and right leg pain and right hip pain. The medical records provided for review indicate that the employee had hip replacement surgery in April 2013. The medical record dated 6/11/13 notes that the employee has had significant improvement of his pain, and the provider noted that the employee has a good range of motion with ambulating. The request was submitted for Restoril, quantity 30.

The MTUS Chronic Pain guidelines state that Restoril is not recommended for long-term use due to unproven long-term efficacy and the risk of dependence and aberrant behavior. The medical records provided for review document that Restoril has been used since August 2012, and therefore, continuation of this medication does not meet guideline criteria. The request for Restoril, quantity 30 **is not medically necessary or appropriate.**

6) Regarding the request for prescription Suboxone QTY: 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), (no page cited), which is part of the Medical Treatment Utilization Schedule (MTUS). The provider cited the Chronic Pain Medical Treatment Guidelines (2009), pg. 26-27, which is part of the MTUS. The Expert Reviewer found the guidelines used by the provider relevant and appropriate for the employee's clinical circumstance, and in addition, based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 78-79 and 94-95, which is part of the MTUS, as relevant and appropriate for the employee's clinical condition.

Rationale for the Decision:

The employee was injured on 4/5/08 and has experienced neck pain, chronic low back and right leg pain and right hip pain. The medical records provided for review indicate that the employee had hip replacement surgery in April 2013. The medical record dated 6/11/13 notes that the employee has had significant improvement of his pain, and the provider noted that the employee has a good range of motion with ambulating. The request was submitted for Suboxone, quantity 60.

The MTUS Chronic Pain guidelines state that Suboxone is recommended for documented opiate addiction. CA MTUS does indicate the need for assessment of the following: aberrant behavior, activities of daily living, adverse side effects, and analgesia for the continued use of Suboxone. The medical records provided for review document the employee had been found to be aberrant with an inconsistent urinary drug screen for street drugs on at least two occasions and that the Suboxone was used for pain. However, the medical records do not document the other two parameters for the continued use per guideline criteria. The request was submitted for a prescription of Suboxone, quantity 60 **is not medically necessary or 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

/th

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.