
Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 9/13/2010
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-00001931

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 facet injection on the right at C3-C4 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 occipital nerve block for headaches **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Arthrotec 75mg #90 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the cervical spine **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for an orthopedic consultation for the right knee **is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Ultram 50mg #90 **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Medrox patch #30 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 1 urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 facet injection on the right at C3-C4 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 occipital nerve block for headaches **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Arthrotec 75mg #90 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the cervical spine **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for an orthopedic consultation for the right knee **is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Ultram 50mg #90 **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Medrox patch #30 **is 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 2, 2013:

The patient is a 53 year old female with a date of injury of 9/13/2010. The provider is requesting prospective certification of 1 urine drug screen, 6 sessions of chiropractic manipulation, 1 facet injection on the right at C3-4, 1 occipital nerve block for headaches, 6 sessions of acupuncture, 1 prescription of Arthrotec 75mg #90, 1 MRI of

the cervical spine, 1 orthopedic consultation for the right knee, 1 prescription of Ultram 50mg #90, 1 prescription of Cidaflex #90, 1 prescription of Medrox patch #30, and 1 prescription of Colace 100mg #90. According to the most recent documentation, a progress report dated 6/20/13 by Dr. [REDACTED], the patient had pain in the neck, right forearm, hand and right knee. The pain was reported as being improved overall, but the patient was not sure if it was a result of the warm weather or the knee brace. The brace had reduced hip and low back pain. A urine drug screen was performed 5/30/13, which was positive for hydrocodone/hydromorphone, and negative for clonazepam and buprenorphine. The patient was diagnosed with cervical radiculopathy, neck pain, right internal knee derangement and pain, left shoulder sprain/strain with pain, chronic pain syndrome with related insomnia, tension headaches, myofascial syndrome and neuropathic pain. The patient was referred to an orthopedist regarding the right knee, and a urine drug screen was requested. Additionally, medications were refilled and a cervical MRI was requested. The most recent cervical MRI was performed 2011. Facet injections, chiropractic 2x3, acupuncture 2x3, and an occipital nerve block for headaches were requested. The patient has not had any prior chiropractic care.”

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 (received 7/18/2013)
- Utilization Review Determination from [REDACTED] (dated 7/3/2013)
- Medical Records provided by the claims administrator
- Medical records provided by the employee’s attorney
- Medical Treatment Utilization Schedule

1) Regarding the request for 1 urine drug screen:

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.109, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not specifically address the issue at dispute and based his/her decision on the The Official Disability Guidelines, Pain Section, Urine Drug Testing, which is not part of the MTUS, but is relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 9/13/10. The medical records provided for review indicates that the employee has neck, interscapular, right forearm and hand and right knee pain. An MRI of the right knee dated 6/30/12 shows oblique tear of the posterior horn of the medial meniscus extending to the undersurface. The medical records indicate that as of 4/11/13 the employee’s pain is at 6/10 without medication and 4/10 with medications. The request was submitted for one urine drug screen (UDS).

The MTUS Chronic Pain guidelines recommend frequent urine drug screens in the steps to avoid opioid misuse. However, the Official Disability Guidelines (ODG) discuss low, moderate, and high risk patients and states, "As frequent as once a month" screens are recommended for high risk patients with a diagnosis of known drug addiction. The medical records reviewed indicate the employee is only on tramadol. Although tramadol is a synthetic opioid, it has a questionable addiction potential with no known street value. The treating physician does not provide any evidence that this patient is a moderate or high risk patient. Review of the records provided, indicates UDSs were done on 7/19/12, 12/20/12, 2/16/13, 3/26/13, 4/11/13, 5/9/13, and 5/30/13. From March 2013 to May 2013, no less than 4 UDSs were performed which would be in excess of guideline recommendations. The request for one urine drug screen **is not medically necessary or appropriate.**

2) Regarding the request for 1 facet injection on the right at C3-C4:

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

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pg.174, 181 and Table 8.8, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg. 174, which is part of the MTUS, and in addition utilized the ODG-TWC Guidelines (online version) Neck pain chapter, facet joint injections, a medical treatment guideline which is not part of the MTUS as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 9/13/10. The medical records provided for review indicates that the employee has neck, interscapular, right forearm and hand and right knee pain. An MRI of the right knee dated 6/30/12 shows oblique tear of the posterior horn of the medial meniscus extending to the undersurface. The medical records indicate that as of 4/11/13 the employee's pain is at 6/10 without medication and 4/10 with medications. The request was submitted for one facet injection on the right at C3-C4.

The MTUS ACOEM guidelines recommend facet injections prior to facet neurotomy. In addition, ODG guidelines state there is no imaging, or clinical exam findings, or history that consistently aid in making the diagnosis of facet syndrome, and that the diagnosis is by injections. The medical records dated 11/15/12 support the cervical facet injection. In addition, there was an MRI dated 1/10/13 showing degenerative changes at multiple levels. The request for one facet injection on the right at C3-C4 **is medically necessary or appropriate.**

3) Regarding the request for 1 occipital nerve block for headaches:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Neck and Upper Back chapter which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 11, which is part of the MTUS, and in addition utilized the Official Disability Guidelines (ODG) (online version), Head Chapter, Greater Occipital Nerve Block, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 9/13/10. The medical records provided for review indicates that the employee has neck, interscapular, right forearm and hand and right knee pain. An MRI of the right knee dated 6/30/12 shows oblique tear of the posterior horn of the medial meniscus extending to the undersurface. The medical records indicate that as of 4/11/13 the employee's pain is at 6/10 without medication and 4/10 with medications. The request was submitted for one optical nerve block for headaches.

The MTUS Chronic Pain guidelines require the treating physician to use clinical judgment on the selection of treatment. The medical records provided for review document that the employee has two types of headaches, migraines and cervicogenic headaches. ODG guidelines note occipital nerve blocks are under study and do not recommend for or against them. ODG guidelines do note that one study showed 54.5% relief from occipital blocks with the cervicogenic headache group. Given that this employee had a good response to prior occipital nerve blocks, and MTUS guidelines require the treating physician to use clinical judgment on the selection of treatment, the request appears appropriate and consistent with MTUS guidelines. The request for one optical nerve block for headaches **is medically necessary or appropriate.**

4) Regarding the request for a prescription for Arthrotec 75mg #90:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain (acute and Chronic), a medical treatment guidelines which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 70-71 which is part of the MTUS as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 9/13/10. The medical records provided for review indicates that the employee has neck, interscapular, right forearm and hand and right knee pain. An MRI of the right knee dated 6/30/12 shows oblique tear of the posterior horn of the medial meniscus extending to the undersurface. The medical records indicate that as of 4/11/13 the employee's pain is at 6/10 without medication and 4/10 with medications. The request was submitted for one prescription for Arthrotec 75mg #90.

The MTUS Chronic Pain guidelines state that Arthrotec is indicated for treatment of osteoarthritis in patients at risk for ulcers or gastrointestinal (GI) events. The medical records provided for review indicate the patient has constipation, but no other GI issues were documented which would meet guideline criteria for this medication. The request for one prescription for Arthrotec 75mg #90 **is not medically necessary or appropriate.**

5) Regarding the request for an MRI of the cervical spine:

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

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 8) pg. 177-178, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 sustained a work-related injury on 9/13/10. The medical records provided for review indicates that the employee has neck, interscapular, right forearm and hand and right knee pain. An MRI of the right knee dated 6/30/12 shows oblique tear of the posterior horn of the medial meniscus extending to the undersurface. The medical records indicate that as of 4/11/13 the employee's pain is at 6/10 without medication and 4/10 with medications. The request was submitted for an MRI of the cervical spine.

MTUS ACOEM guidelines indicate that documentation of events or neurologic progression is required to support the need for additional MRIs. The medical records reviewed indicate the requesting physician retracted the request for an updated cervical MRI because there was a study performed in January 2013. The request for an MRI of the cervical spine **is not medically necessary or appropriate.**

6) Regarding the request for orthopedic consultation for the right knee:

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

The Claims Administrator did not cite any guidelines for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTUS) did not address the issue at dispute. The Expert Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, pg. 127, a medical treatment guideline which is not part of the MTUS as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 9/13/10. The medical records provided for review indicates that the employee has neck, interscapular, right

forearm and hand and right knee pain. An MRI of the right knee dated 6/30/12 shows oblique tear of the posterior horn of the medial meniscus extending to the undersurface. The medical records indicate that as of 4/11/13 the employee's pain is at 6/10 without medication and 4/10 with medications. The request was submitted for an orthopedic consultation for the right knee.

ACOEM guidelines state that a consultation can be made when the plan or course of care may benefit from additional expertise. The medical records provided document an MRI of the knee showing a tear through the medial meniscus, and that conservative treatment has been utilized. The requesting provider is an anesthesiologist/pain management physician and requests an expert opinion from an orthopedic physical for the internal knee derangement documented on the MRI which is in accordance with ACOEM recommendations. The request for orthopedic consultation for the right knee **is medically necessary or appropriate.**

7) Regarding the request for Ultram 50mg #90:

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. 114, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 8, which is part of the MTUS as relevant and appropriate for the employee's clinical circumstance⁴.

Rationale for the Decision:

The employee sustained a work-related injury on 9/13/10. The medical records provided for review indicates that the employee has neck, interscapular, right forearm and hand and right knee pain. An MRI of the right knee dated 6/30/12 shows oblique tear of the posterior horn of the medial meniscus extending to the undersurface. The medical records indicate that as of 4/11/13 the employee's pain is at 6/10 without medication and 4/10 with medications. The request was submitted for Ultram 50mg #90.

MTUS Chronic Pain guidelines indicate documented pain reduction meets guideline criteria for continuing the medication. The medical records reviewed indicate the employee's pain level is 6/10 without medication and comes down to 4/10 with medication meeting guideline criteria. The request for Ultram 50mg #90 **is medically necessary and appropriate.**

8) Regarding the request for a prescription of Medrox patch#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.111-113, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 sustained a work-related injury on 9/13/10. The medical records provided for review indicates that the employee has neck, interscapular, right forearm and hand and right knee pain. An MRI of the right knee dated 6/30/12 shows oblique tear of the posterior horn of the medial meniscus extending to the undersurface. The medical records indicate that as of 4/11/13 the employee's pain is at 6/10 without medication and 4/10 with medications. The request was submitted for Medrox patch #30.

Medrox is a compound topical available in a dermal patch or in an ointment. It contains Methyl salicylate 20%, menthol 5% and capsaicin 0.0375%. The MTUS Chronic Pain guidelines state the treatment area for salicylate topicals needs to be *the knee and elbow or other joints that are amenable to topical treatment*, and for capsaicin, there needs to be a trial and failure of other treatment. The medical records provided for review document that the employee has had therapy, bracing, medications and injections for the knee. MTUS criteria for each of the individual components of the compounded topical medication as well as the MTUS guideline for topical treatment have been met. The request for Medrox patch, #30 **is 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, 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.