
Notice of Independent Medical Review Determination

Dated: 10/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 7/5/2001
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002302

- 1) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Vicodin 7.5/325mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Ultram 50mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for cardiac clearance consultation at [REDACTED] for SMR **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one (1) unknown prescription of Meclizine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 (1) prescription of Vicodin 7.5/325mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Ultram 50mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for cardiac clearance consultation at [REDACTED] for SMR **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one (1) unknown prescription of Meclizine **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 Internal Medicine has a subspecialty in Emergency 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

“The patient is a 48 year old male with a date of injury of 7/5/2001. A prospective request is submitted for 1 prescription of Vicodin 7.5/325mg #60, 1 prescription of Ultram 50mg #60, 1 cardiac clearance consultation at UCLA for SMR, and an unknown prescription of Meclizine. The patient is awaiting ENT surgery for nasal septal, SMR and UVP at [REDACTED]. The patient has experienced intermittent chest palpitation since approximately September 2012 and suffers from obstructive sleep apnea. The medications above were previously conditionally non-certified in review 1037033 due to a lack of subjective and functional changes. The prior requests also lacked specific dose (mg) and quantities.”

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 7/22/13)
- Utilization Review from [REDACTED] (dated 7/1/13)
- Medical records from Claims Administrator/Applicants Attorney
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one (1) prescription of Vicodin 7.5/325mg:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on The chronic Pain Medical Treatment Guidelines (May, 2009) pg. 81 which is part of the Medical Treatment Utilization Schedule (MTUS) and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on July 5, 2001 to the nose. The medical records provided for review mention the diagnoses of chest palpitations, obstructive sleep apnea, and nasal septal defect. Treatments have included medication management. The request is for one prescription of Vicodin 7.5/325mg.

The Chronic Pain guidelines outline the goals and requirements for ongoing pain management including the measure of pain assessment that includes current pain, the least reported pain, average pain, intensity of pain after taking the opioid, and how long pain lasts. The medical record of 6/13/13 does document increased cervical spine pain with intermittent shoulder pain, however there is no documented physical exam of impairment and functional status is not addressed. The medical records reviewed do not document any of the necessary criteria for continued Vicodin use. The request for one prescription of Vicodin 7.5/325mg is not medically necessary and appropriate.

2) Regarding the request for one prescription of Ultram 50mg:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on The chronic Pain Medical Treatment Guidelines (May, 2009) pg. 81 which is part of the Medical Treatment Utilization Schedule (MTUS) and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on July 5, 2001 to the nose. The medical records provided for review mention the diagnoses of chest palpitations,

obstructive sleep apnea, and nasal septal defect. Treatments have included medication management. The request is for one prescription of Ultram 50mg.

The Chronic Pain guidelines outline the goals and requirements for ongoing pain management including the measure of pain assessment that includes current pain, the least reported pain, average pain, intensity of pain after taking the opioid, and how long pain lasts. The medical record of 6/13/13 does document increased cervical spine pain with intermittent shoulder pain, however there is no documented physical exam of impairment and functional status is not addressed. The medical records reviewed do not document any of the necessary criteria for continued Ultram use. The request for one prescription of Ultram 50mg is not medically necessary and appropriate.

3) Regarding the request for a cardiac clearance consultation at [REDACTED] for SMR:

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

The Claims Administrator based its decision on the National Guideline Clearinghouse (www.ngc.gov), Institute for Clinical Systems Improvement (ICSI), 2006 Jul. pg. 33, a medical treatment guideline 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 stated MTUS did not address the issue at dispute. 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 July 5, 2001 to the nose. The medical records provided for review mention the diagnoses of chest palpitations, obstructive sleep apnea, and nasal septal defect. Treatments have included medication management. The request is for a cardiac consultation at [REDACTED] for a submucosal resection (SMR).

The medical records reviewed indicate the employee has multiple medical problems that include sleep apnea, history of chest palpitations and obesity. The National Guidelines Clearinghouse provides references that detail the appropriateness of medical clearance for operative candidates. A complete preoperative evaluation and a cardiac consultation are a mandatory part of pre-operative procedures when there are other extenuating medical issues involved. Surgery has been approved to be performed at [REDACTED]. Therefore it would be appropriate to have that pre-operative cardiac clearance at [REDACTED]. The request for a cardiac clearance consultation at [REDACTED] for SMR is medically necessary and appropriate.

4) Regarding the request for one unknown prescription of Meclizine:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. 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 was unable to find a medical treatment guideline and utilized the package insert for Meclizine which is a nationally-recognized professional standard and relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on July 5, 2001 to the nose. The medical records provided for review mention the diagnoses of chest palpitations, obstructive sleep apnea, and nasal septal defect. Treatments have included medication management. The request is for one unknown prescription of Meclizine.

Meclizine is an antiemetic, Histamine H1 antagonist used commonly for vertigo and dizziness and is FDA approved for vertigo and labyrinthitis. The medical record of 6/13/13 documents a request for Meclizine to treat dizziness but does not specify dosage and duration. There is no documentation about indication, dosage, or duration. The request for one unknown prescription of Meclizine 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;

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

/hs

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.