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**Notice of Independent Medical Review Determination**

Dated: 11/11/2013



Employee:   
Claim Number:   
Date of UR Decision: 7/8/2013  
Date of Injury: 3/19/2001  
IMR Application Received: 7/22/2013  
MAXIMUS Case Number: CM13-0002539

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 7.5/325mg #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium 550mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Zoloft 50mg **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Exoten-C pain relief lotion **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Docuprene 100mg #60 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Butrans Patch 20mcg #4 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Ambien CR 12.5mg #30 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Cardivisc **is 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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 Norco 7.5/325mg #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium 550mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Zoloft 50mg **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Exoten-C pain relief lotion **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Docuprene 100mg #60 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Butrans Patch 20mcg #4 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Ambien CR 12.5mg #30 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for of Cardivisc **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 Occupational 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 9, 2013:

“The patient is a 49 year old male with a date of injury of 3/19/2001. The provider has submitted prospective request for one prescription of Norco 7.2/325mg #90, one prescription of Naproxen Sodium 550mg, one prescription of Zoloft 50mg, one prescription of Exoten-C pain relief lotion one prescription of Docuprene 100mg #60,

one prescription of Butrans Patch 20mcg #4, one prescription of Ambien CR 12.5mg #30, and an unknown prescription of Cardivisc.

“Review of submitted documentation indicated the patient had been diagnosed with traumatic neck pain with headaches and depression. Per progress report dated 6/11/2013 by Dr. [REDACTED], the patient complained of: neck pain; headaches; dizziness; memory dysfunction; scar sensitivity over right vertex; and secondary depression and insomnia. The relevant objective findings per the 6/11/13 evaluation by Dr. [REDACTED] included moderately antalgic gait because of bilateral knee pain with use of a walking cane, moderate cervical paracervical muscles in the upper and mid region, and diminished cervical active range of motion throughout. The orthopedic portion of the evaluation resulted in a negative test for cervical compression.”

**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 7/22/13)
- Utilization Review Determination from [REDACTED] (dated 7/9/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Norco 7.5/325mg #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 Claims Administrator based his/her decision on Chronic Pain Medical Treatment Guidelines (2009), which is a part of the Medical Treatment Utilization Schedule (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 sustained a work-related injury on 03/19/2011. The medical records provided for review indicates the employee is diagnosed with osteoarthritis of the bilateral knees. The request is for Norco 7.5/325mg #90.

MTUS Chronic Pain Guidelines indicate that Norco (an opiate medication) is recommended for moderate to moderately severe pain. Additionally, the Guidelines indicate that the use of Norco is recommended for short-term use only. The medical records provided for review indicate the employee describes the pain experienced as 8/10 without medication. The medication brings the pain down to only 5/10. The employee has been on Norco for an extended period of time. The employee continues to have flare-ups requiring emergency room visits. Norco does not seem to be appropriate, as it has not adequately reduced the employee’s pain. Additionally, the employee has used the medication for an extended amount of time without showing significant increase in function or

reduction of pain. **The request for Norco 7.5/325mg #90 is not medically necessary and appropriate.**

**2) Regarding the request for Naproxen Sodium 550mg:**

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, which is a 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 sustained a work-related injury on 03/19/2011. The medical records provided for review indicates the employee is diagnosed with osteoarthritis of the bilateral knees. The request is for Naproxen Sodium 550mg.

MTUS Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are contraindicated for hypertension and renal issues. Additionally, the Guidelines indicate that NSAIDs are for relative short-term use. The medical records provided for review indicate the employee has issues with hypertension and renal issues. Naproxen Sodium is an NSAID and it is contraindicated for use for those with hypertension and renal issues experienced by the employee. Additionally, there is no evidence the medication has been helping the employee after extended use. **The request is for Naproxen Sodium 550mg is not medically necessary and appropriate.**

**3) Regarding the request for Zoloft 50mg:**

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 Official Disability Guidelines (ODG), Mental illness & Stress, which is not a 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), Mental illness & Stress.

Rationale for the Decision:

The employee sustained a work-related injury on 03/19/2011. The medical records provided for review indicates the employee is diagnosed with osteoarthritis of the bilateral knees. The request is for Zoloft 50mg.

The Official Disability Guidelines recommend the use of Zoloft for depressive disorder. The medical records provided for review indicate the employee has

depressive disorder. **The request for Zoloft 50mg is medically necessary and appropriate.**

**4) Regarding the request for Exoten-C pain relief lotion:**

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, which is a 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 sustained a work-related injury on 03/19/2011. The medical records provided for review indicates the employee is diagnosed with osteoarthritis of the bilateral knees. The request is for Exoten-C pain relief lotion.

MTUS Chronic Pain Guidelines recommend Exoten-C pain relief lotion (Capsaicin) in helping employees with osteoarthritis pain when other treatments have not helped with pain. The medical records provided for review indicate the employee has not shown efficacy of pain relief with NSAIDs. **The request for Exoten-C pain relief lotion is medically necessary and appropriate.**

**5) Regarding the request for Docuprene 100mg #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, Criteria for use of Opioids, which is a 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 sustained a work-related injury on 03/19/2011. The medical records provided for review indicates the employee is diagnosed with osteoarthritis of the bilateral knees. The request is for Docuprene 100mg #60.

MTUS Chronic Pain Guidelines state that when initiating opioid therapy, prophylaxis treatment for constipation should be initiated. The medical records provided for review indicate the employee has not responded well to current opioid therapy and the opioid medication the employee has been taking has been deemed not medically necessary. Therefore, the employee no longer needs constipation prophylaxis. In addition, the records do not document evidence of constipation. **The request for Docuprene 100mg #60 is not medically necessary and appropriate.**

**6) Regarding the request for Butrans Patch 20mcg #4:**

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 Official Disability Guidelines (ODG), Pain Chapter, which is not a 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, Pain Chapter.

Rationale for the Decision:

The employee sustained a work-related injury on 03/19/2011. The medical records provided for review indicates the employee is diagnosed with osteoarthritis of the bilateral knees. The request is for Butrans Patch 20mcg #4.

The Official Disability Guidelines indicate that Butrans patch is approved for use only for centrally mediated pain, neuropathic pain, hyperalgesia, and individuals at risk of non-adherence to standard opioid care. The medical records provided for review indicate the employee has no neuropathic pain and no centrally mediated pain is documented. **The request for Butrans Patch 20mcg #4 is not medically necessary and appropriate.**

**7) Regarding the request for Ambien CR 12.5mg #30:**

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 Claims Administrator based its decision on Official Disability Guidelines (ODG) (current version), Pain (Chronic), which is not a 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, Pain (Chronic).

Rationale for the Decision:

The employee sustained a work-related injury on 03/19/2011. The medical records provided for review indicates the employee is diagnosed with osteoarthritis of the bilateral knees. The request is for Ambien CR 12.5mg #30.

Official Disability Guidelines only recommend the use of Ambien for short duration of 2-6 weeks and to include proper sleep hygiene. The medical records provided for review indicate the employee has been using Ambien for an extended period of time. The employee is diagnosed with depression and long term use of this type of medication has been linked to increased risk for depression according to ODG. **The request for Ambien CR 12.5mg #30 is not medically necessary and appropriate.**

**8) Regarding the request for of Cardivisc:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence basis for its decision. The Expert Reviewer based his/her decision on the MTUS/Chronic Pain Medical Treatment Guidelines, 50, which is a part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 03/19/2011. The medical records provided for review indicates the employee is diagnosed with osteoarthritis of the bilateral knees. The request is for a of Cardivisc.

MTUS Chronic Pain Guidelines recommends glucosamine and chondroitin as it has relatively low risk and especially for knee osteoarthritis. Cardivisc is a compound of chondroitin glucosamine, and the medical records reviewed indicate the employee has osteoarthritis of the bilateral knees. **The request for Cardivisc 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ejf

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.