
Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 9/4/1997
IMR Application Received: 7/23/2013
MAXIMUS Case Number: CM13-0002779

- 1) MAXIMUS Federal Services, Inc. has determined the request for naproxen 550mg #100 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for tizanidine 4mg #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for hydrocodone/APAP 10/325mg #60 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for X-Oten C Lotion 0.0002% 10% 20% 120ml **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for omeprazole 20mg #100 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for tramadol ER 150mg #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 naproxen 550mg #100 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for tizanidine 4mg #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for hydrocodone/APAP 10/325mg #60 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for X-Oten C Lotion 0.0002% 10% 20% 120ml **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for omeprazole 20mg #100 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for tramadol ER 150mg #60 **is not medically necessary and appropriate**

Medical Qualifications of the Expert Reviewer:

The 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 Preventative Medicine and 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 2, 2013:

“The patient is a 74-year-old female who sustained an injury on 9/4/1997 secondary to an unspecified mechanism. She is diagnosed with multilevel cervical disc desiccation and bulging, left shoulder pain, right shoulder impingement syndrome, bilateral carpal tunnel syndrome and lumbar strain. The EMG/NCS done on 5/13/1998 showed borderline left carpal tunnel syndrome and mild right carpal tunnel syndrome.”

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 07/23/2013)
- Utilization Review Determination from [REDACTED] (dated 07/02/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request naproxen 550mg #100 :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints Chapter; Shoulder Complaints Chapter; Forearm, Wrist and Hand Complaints Chapter; Low Back Complaints Chapter; and Chronic Pain Medical Treatment Guidelines, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Treatment Guidelines, pg. 22 of 127, which is part of MTUS.

Rationale for the Decision:

The employee sustained an industrial injury on September 4, 1997. The records indicate the employee experiences chronic bilateral shoulder, neck, low back, and bilateral wrist pain. Treatment has included: prior left shoulder rotator cuff repair surgery; shoulder corticosteroid injection; transfer of care to and from various providers in various specialties; electrodiagnostic testing of May 8, 1998, notable for bilateral carpal tunnel syndrome; and topical compounds. The request is for Naproxen 550mg #100.

The MTUS Chronic Pain Medical Treatment Guidelines state NSAIDs, such as Naprosyn, represents the traditional first-line of treatment. According to the medical records submitted for review, the employee has ongoing issues and complaints with shoulder pain that do, on balance seem to warrant continued or ongoing usage of Naprosyn, an NSAID. The most recent progress report of May 29, 2013 suggest that the employee developed a flare-up of pain and indicates the employee is a nursing home patient who is now presenting on an as-needed basis. **The request for** naproxen 550mg #100

2) Regarding the request for tizanidine 4mg #120 :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints Chapter; Shoulder Complaints Chapter; Forearm, Wrist and Hand Complaints Chapter; Low Back Complaints Chapter; and Chronic Pain Medical Treatment Guidelines, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Treatment Guidelines, pg 63 and 66 of 127, which is part of MTUS.

Rationale for the Decision:

The employee sustained an industrial injury on September 4, 1997. The records indicate the employee experiences chronic bilateral shoulder, neck, low back, and bilateral wrist pain. Treatment has included: prior left shoulder rotator cuff repair surgery; shoulder corticosteroid injection; transfer of care to and from various providers in various specialties; electrodiagnostic testing of May 8, 1998, notable for bilateral carpal tunnel syndrome; and topical compounds. The request is for Tizanidine 4mg #120.

The MTUS Chronic Pain Medical Treatment Guidelines indicate tizanidine is FDA approved in the treatment of spasticity and given off label for low back pain. However, a review of the medical records submitted does not provide clear evidence of functional improvement through prior usage of tizanidine. The records indicate that the bulk of the employee's symptoms pertain to the injured right shoulder as opposed to the low back. There is little or no mention made of low back pain on the most recent progress note reference. Using tizanidine in conjunction with other analgesics and without clear evidence of functional improvement on the long-term basis is not supported by the guidelines. **The request for Tizanidine 4mg #120 is not medically necessary and appropriate.**

3) Regarding the request hydrocodone/APAP 10/325mg #60 :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints Chapter; Shoulder Complaints Chapter; Forearm, Wrist and Hand Complaints Chapter; Low Back Complaints Chapter; and Chronic Pain Medical Treatment Guidelines, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Treatment Guidelines, Opioids, specific drug list, pg. 91, which is part of MTUS.

Rationale for the Decision:

The employee sustained an industrial injury on September 4, 1997. The records indicate the employee experiences chronic bilateral shoulder, neck, low back, and bilateral wrist pain. Treatment has included: prior left shoulder rotator cuff repair surgery; shoulder corticosteroid injection; transfer of care to and from various providers in various specialties; electrodiagnostic testing of May 8, 1998, notable for bilateral carpal tunnel syndrome; and topical compounds. **The request is for hydrocodone/APAP 10/325mg #60.**

The MTUS Chronic Pain Medical Treatment Guidelines note Norco or hydrocodone-acetaminophen is indicated for moderate-to-moderately severe pain. The most recent progress note provided of May 2013 suggests that the employee developed a flare-up of chronic shoulder pain resulting in her being

given intramuscular injections. **The request for Hydrocodone/APA 10/325mg #60 is medically necessary and appropriate.**

4) Regarding the request X-Oten C Lotion 0.0002% 10% 20% 120ml :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints Chapter; Shoulder Complaints Chapter; Forearm, Wrist and Hand Complaints Chapter; Low Back Complaints Chapter; and Chronic Pain Medical Treatment Guidelines, which are part of MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 3), pg. 47 and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg.111, which is part of MTUS.

Rationale for the Decision:

The employee sustained an industrial injury on September 4, 1997. The records indicate the employee experiences chronic bilateral shoulder, neck, low back, and bilateral wrist pain. Treatment has included: prior left shoulder rotator cuff repair surgery; shoulder corticosteroid injection; transfer of care to and from various providers in various specialties; electrodiagnostic testing of May 8, 1998, notable for bilateral carpal tunnel syndrome; and topical compounds. The request is for X-Oten C Lotion 0.0002% 10% 20% 120ml.

The MTUS ACOEM guidelines note oral pharmaceuticals represent the first-line palliative method. A review of the records submitted for review indicates the employee has been issued two certifications for oral drugs. The Chronic Pain guidelines indicate this should alleviate the need for largely experimental topical analgesics and topical compounds such as Xoten. **The request for X-Oten C Lotion 0.0002% 10% 20% 120ml is not medically necessary or appropriate.**

5) Regarding the request omeprazole 20mg #100 :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints Chapter; Shoulder Complaints Chapter; Forearm, Wrist and Hand Complaints Chapter; Low Back Complaints Chapter; and Chronic Pain Medical Treatment Guidelines, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 68, which is part of MTUS.

Rationale for the Decision:

The employee sustained an industrial injury on September 4, 1997. The records indicate the employee experiences chronic bilateral shoulder, neck, low back,

and bilateral wrist pain. Treatment has included: prior left shoulder rotator cuff repair surgery; shoulder corticosteroid injection; transfer of care to and from various providers in various specialties; electrodiagnostic testing of May 8, 1998, notable for bilateral carpal tunnel syndrome; and topical compounds. The request is for omeprazole 20mg #100.

The MTUS Chronic Pain Medical Treatment Guidelines note those individuals who are using NSAIDs and are greater than 65 years of age are at heightened risk for adverse gastrointestinal events. A review of the medical records indicates the employee is over 65 years old and is using Naprosyn. The guidelines further indicate adding a proton-pump inhibitor such as omeprazole or Prilosec is indicated in this context. **The request for Omeprazole 20mg #100 is medically necessary and appropriate.**

6) Regarding the request tramadol ER 150mg #60:

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; Shoulder Complaints Chapter; Forearm, Wrist and Hand Complaints Chapter; Low Back Complaints Chapter; and Chronic Pain Medical Treatment Guidelines, which are all a part of MTUS but here were no specific pages cited. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, pg. 78 and 80, a part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury on September 4, 1997. The records indicate the employee experiences chronic bilateral shoulder, neck, low back, and bilateral wrist pain. Treatment has included: prior left shoulder rotator cuff repair surgery; shoulder corticosteroid injection; transfer of care to and from various providers in various specialties; electrodiagnostic testing of May 8, 1998, notable for bilateral carpal tunnel syndrome; and topical compounds. The request is for tramadol ER 150mg #60.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that the lowest possible dose of opioid should be prescribed to improve pain and function. A review of the records indicates the employee has already been issued with a prescription for another opioid, hydrocodone-acetaminophen. No compelling rationale has been made for usage of two separate opioids or opioid analogs. The documentation on file does not establish the presence of ongoing functional improvement through prior usage of tramadol so as to justify chronic or long-term usage of the same. The documentation does support the presence of an acute flare-up of chronic pain for which limited supply of hydrocodone-acetaminophen is indicated and certified above. However, there is no support for long-term or chronic usage of extended release tramadol, as is proposed here, given the absence of documentation on improved functioning, reduced pain, and successful return to work through prior usage of tramadol. **The request for tramadol 150mg #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;

Paul Manchester, MD, MPH
Medical Director

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

/pr

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.