
Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/14/2013
Date of Injury: 9/21/2012
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003206

- 1) MAXIMUS Federal Services, Inc. has determined the request for six (6) acupuncture visits **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lodine 400mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Ultram ER 100mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 six (6) acupuncture visits **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lodine 400mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Ultram ER 100mg **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 Physical Medicine and Rehabilitation, has a subspecialty in at least five years of experience providing direct patient care 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 14, 2013

" The patient is a 44 year old female with a date of injury of 9/21/2012. Under consideration is a prospective request for certification of 6 acupuncture visits, 60 Lodine 400mg, 1 prescription for Ultram ER 100mg, 1 home exercise program, and 1 follow up visit. Review of the submitted records indicates she was being treated for bilateral carpal tunnel syndrome. Per the 6/24/13 evaluation by Dr. [REDACTED], the patient was taking Lodine 400 mg and Ultram ER 100 mg for pain relief. She continued to experience constant pain in bilateral hands/wrists with intermittent numbness and tingling in hands. There was increased pain with repetitive movements such as gripping, pushing, and lifting. Her range of motion was limited due to increased pain. Her right hand/wrist revealed no tenderness that day. There was mild swelling and stiffness in the fingers. Occasional bilateral elbow pain, evidence-based treatment recommendations for the management of musculoskeletal injuries of all types Programs of this type are a mainstay of best clinical practices for injuries of this type and are known to be effective for achieving both meaningful functional recovery and reduced dependence on passive care. For these reasons, the request for continuation of a home exercise program is recommended as certified, with the understanding that such continuation is self-directed and does not require any services from a health care provider."

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
- Utilization Review Determination
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request six (6) acupuncture visits:

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

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of MTUS, and the Official Disability Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on Acupuncture Medical Treatment Guidelines, pg. 8-9, which is a part of the MTUS.

Rationale for the Decision:

Acupuncture Medical Treatment Guidelines recommend acupuncture therapy 1 to 3 times a week, up to 2 months when there is documented functional improvement with an initial course of care. The documentation available for review indicates the employee has completed at least 12 sessions of acupuncture to date with reports of decreased pain and increased range of motion. However, at this time, it has been approximately 6 months since the initiation of acupuncture care, and if the acupuncture therapy continues, it would exceed the timeframe recommended by the guidelines. **The request for six (6) acupuncture visits is not medically necessary and appropriate.**

2) Regarding the request for Lodine 400mg #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), which is part of the MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), Pages 67-72, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines recommend Lodine (NSAIDs) at the lowest dose for the shortest period of time in individuals with moderate to severe pain. The documentation submitted for review does indicate the employee has moderate to severe pain, however, there is no indication that the employee's complaints are due to arthritis. The employee has subjective complaints secondary to carpal tunnel syndrome. Furthermore, the available notes do not

document any significant pain relief or increased function due to use of Lodine. **The request for Lodine 400mg #60 is not medically necessary and appropriate.**

3) Regarding the request Ultram ER 100mg:

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) pages 76-78, 93-94, which is part of the MTUS, and Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram; Ultram ER; generic available in immediate release tablet), pgs. 93-94, and Opioids, criteria for use, pgs. 76-78, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines do indicate that Ultram is indicated for moderate to severe pain. The guidelines also state that ongoing management of pain medications includes documentation of the “4 A’s”, which consist of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review fails to demonstrate the employee had any significant pain relief or increased function with Ultram to support ongoing use. There is also lack of documentation of urine drug screens. **The request for Ultram ER 100mg 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;

Paul Manchester, MD, MPH
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.