

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 3/26/2010
IMR Application Received: 7/26/2013
MAXIMUS Case Number: CM13-0003594

- 1) MAXIMUS Federal Services, Inc. has determined the request for 30 Diclofenac Sodium 100mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 60 Gabapentin 600mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 30 Tramadol HCL 150mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 30 Diclofenac Sodium 100mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 60 Gabapentin 600mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 30 Tramadol HCL 150mg **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 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 15, 2013:

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The patient is a 55-year-old male with a date of injury of 3/26/2010. The provider has submitted a retrospective request for 30 diclofenac sodium 100mg, 60 gabapentin 600mg and 30 Tramadol HCL 150mg, dispensed on 6/12/2013.

According to the available records, the patient has been under treatment for chronic bilateral knee and shoulder pain, left elbow, cervical spine and bilateral hand/wrist pain. Per the submitted documentation dated 6/12/2013, the patient had increased left knee pain which began the week prior due to prolonged sitting and use of foot controls, getting in/out of the waste disposal truck, lifting, carrying, pushing and pulling. The patient also reported that cervical spine traction had helped to decrease his cervical spine pain and upper extremity radicular symptoms. Physical examination findings for the cervical spine consisted of tenderness to palpation with spasms, a positive axial compression test and decreased range of motion in all planes. Left knee examination findings consisted of peripatellar, medial and lateral joint line palpation tenderness, positive patellofemoral crepitus and moderately decreased flexion. It was noted that the patient ambulated with an antalgic gait and use of a cane. The patient has a history of right shoulder surgery in 2010, and multiple bilateral knee surgeries. Diagnoses include cervical spine sprain/strain with a disc bulge, osteoarthritis and intervertebral foramen stenosis, upper extremity radiculitis, left wrist carpal tunnel syndrome/de Quervain's, first carpometacarpal osteoarthritis, left knee patellofemoral arthritis and severe tricompartmental osteoarthritis, severe left elbow osteoarthritis and cubital tunnel syndrome, and right wrist carpal tunnel syndrome.

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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 07/26/2013
- Utilization Review Determination from [REDACTED] (dated 07/15/2013)
- Employee medical records from [REDACTED] (dated 08/12/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 30 Diclofenac Sodium 100mg : 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 (2009) pages 67, 68, 71, which is a part of 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 03/26/10 to the left knee. The medical records provided for review indicate treatments have included surgical intervention and medication management. The request is for 30 Diclofenac Sodium 100mg.

The MTUS Guidelines state that diclofenac and other NSAIDs are recommended at the lowest dose for the shortest period of time in individuals with moderate to severe osteoarthritis pain. The employee does have a history of arthritis; however, there is a lack of documentation of the employee's pain on the VAS or documentation of significant pain relief to meet guideline criteria for continuing the medication. Furthermore, diclofenac is not recommended as a first-line medication or for prolonged use due to its increased risk profile. **The request for 30 Diclofenac Sodium 100mg is not medically necessary and appropriate.**

2) Regarding the request for 60 Gabapentin 600mg : 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 (2009) page 18, which is a part of 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 03/26/10 to the left knee. The medical records provided for review indicate treatments have included surgical

intervention, and medication management. The request is for 60 Gabapentin 600mg.

The MTUS guidelines recommend gabapentin for individuals with diabetic neuropathy and postherpetic neuralgia, and it has also been considered a first-line treatment for neuropathic pain. The medical records provided for review fail to provide evidence of neuropathic pain, though they do indicate the employee has been taking gabapentin long-term. However, there was a lack of documentation of any significant pain relief or objective functional improvement to support ongoing use. **The request for 60 Gabapentin 600mg is not medically necessary and appropriate.**

3) Regarding the request for 30 Tramadol HCL 150mg :
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 (2009) pages 93-94, which is a part of 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 03/26/10 to the left knee. The medical records provided for review indicate treatments have included surgical intervention, and medication management. The request is for 30 Tramadol HCL 150 mg.

The MTUS Guidelines state that tramadol is indicated for moderate to severe pain. The medical records provided for review indicate the employee has been taking tramadol long-term with consistent urine drug screens. However, the notes fail to demonstrate that the employee has made any significant objective functional improvement or any documented pain relief which would meet guideline criteria to support ongoing use at this time. **The request for 30 Tramadol HCL 150 mg 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

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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.