
Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

9/15/2010

7/26/2013

CM13-0003676

- 1) MAXIMUS Federal Services, Inc. has determined the request for cervical spine steroid injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zofran 8mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Adderall 20mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tapentadol 200mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Mag-Ox 400mg **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 cervical spine steroid injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zofran 8mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Adderall 20mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tapentadol 200mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Mag-Ox 400mg **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 12, 2013:

“ [REDACTED] is a 46 year old (DOB: [REDACTED]) female Administration person injured on 09/15/10. IW slipped and fell landing on her left side. Wrist and hand (left), knee (left), soft tissue neck, lower back area, hip (left) and shoulder (left) have been accepted by the carrier. She is TTD.”

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 7/26/2013)
- Utilization Review Determination from [REDACTED] (dated 7/12/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request cervical spine steroid injection:

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 page 46, which is 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 9/15/10 resulting in neck pain, left shoulder pain, left knee pain, left hip pain, left hand pain, and back pain. The medical records provided for review indicate treatments have included oral medications and injections. The request is for cervical spine steroid injection.

MTUS Guidelines indicate that radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing and the claimant should be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDS, and muscle relaxants. The most recent clinical note indicates that the employee became pain free after a local injection into the shoulder, specifically to the AC joint. It was noted then that there was no radicular component at all to the employee's pain complaints as the employee received complete pain relief from that injection. The record also failed to indicate functional deficits that would support radiculopathy. Although an electrodiagnostic study was apparently performed, it was reported as negative. As such, the medical necessity of this request has not been provided for this review. A previous review certified this for 1 injection with documentation of radiation of pain to the fingers down the left arm with numbness in the fingers. However, the most recent clinical note, again states that the employee was pain free after the local injection to the left shoulder indicative of no cervical radiculopathy. The request for cervical spine steroid injection **is not medically necessary and appropriate.**

2) Regarding the request for Zofran 8mg:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Pain Chapter, Ondansetron (Zofran) which is not part of 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 found the guidelines used by the Claims Administrator appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 9/15/10 resulting in neck pain, left shoulder pain, left knee pain, left hip pain, left hand pain, and back pain. The medical records provided for review indicate treatments have included oral medications and injections. The request is for Zofran 8mg.

The Official Disability Guidelines (ODG) state Zofran is “Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications.” Based on the medical records reviewed, the employee’s past medical history was thought to be significant for Addison’s disease and chronic migraines only. On 07/22/2013, the employee reported pain to the left shoulder and also reported constant numbness and tingling in the ring and small fingers of the left upper extremity. It was noted that nerve conduction studies in the past were negative by report. Employee also reported a fair amount of weakness and dissatisfaction with her left thumb. Medications at that time included hydrocortisone, Florinef, imipramine, pantoprazole, microgestin, Adderall, ondansetron, oxycodone, and Nucynta. Examination of her left shoulder revealed decreased left shoulder range of motion. There was no indication for a medical need for this medication, as nausea and vomiting were not noted as being an issue. The rationale for continuation of this medication has not been provided for this review. The request for Zofran 8mg **is not medically necessary and appropriate.**

3) Regarding the request Adderall 20mg:

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

The Claims Administrator based its decision on the The Chronic Pain Treatment Guidelines, On-going management of opioids, pg. 78-80 and the Official Disability Guidelines (ODG) Pain Chapter, Nuvigil which is not part of 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 Physician’s Desk Reference (PDR).

Rationale for the Decision:

The employee sustained a work-related injury on 9/15/10 resulting in neck pain, left shoulder pain, left knee pain, left hip pain, left hand pain, and back pain. The medical records provided for review indicate treatments have included oral medications and injections. The request is for Adderall 20mg.

The records provided for review indicate that the employee has been on Adderall which contains a combination of amphetamine and dextroamphetamine. Amphetamine and dextroamphetamine are central nervous system stimulants that affect chemicals in the brain and nerves that contribute to hyperactivity and impulse control and are used to treat narcolepsy and attention deficit. Records do not indicate this employee has narcolepsy and/or attention deficit or side effects from opioid use. As such, a rationale for providing continuation of this medication has not been demonstrated. The request for Adderall 20mg **is not medically necessary and appropriate.**

4) Regarding the request Tapentadol 200mg:

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 Treatment Guidelines, On-going Management of opioids, pg. 78-80 which is part of MTUS and the Official Disability Guidelines (ODG) Pain Chapter which is not part of

MTUS. The Expert based his her decision on the Chronic Pain Medical Treatment Guidelines, On-Going Management, pg. 78 which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 9/15/10 resulting in neck pain, left shoulder pain, left knee pain, left hip pain, left hand pain, and back pain. The medical records provided for review indicate treatments have included oral medications and injections. The request is for Tapentadol 200 mg.

MTUS Guidelines indicate that the 4 As, analgesic, adverse side effects, aberrant drug-taking behaviors and activities of daily living should be monitored for patients with this type of medication. The record of 07/22/2013 indicates that after local injection to the left shoulder AC joint, the employee was pain free. As such, rationale for continuation of this medication has not been provided. There is lack of documentation of significant urine drug screens and lack of documentation in the most recent clinical note describing a current VAS or pain scale objectively. As such, prior to 07/22/2013 analgesia was not noted and as of 07/22/2013, although analgesia was not objectively documented, it was indicated that the employee was pain free after the local injection to the employee's left shoulder. This request was previously partially certified indicating that the employee was to be re-evaluated in 1 1/2 months and at that time it was not clear how much benefit there was with the pain rated at 10/10. The request for Tapentadol 200 mg **is not medically necessary and appropriate.**

5) Regarding the request Mag-Ox 400mg:

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

The Claims Administrator based its decision on the Official Medical Fee Schedule, Dietary Supplements, pg. 7 which is not part of 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 Physician's Desk Reference (PDR).

Rationale for the Decision:

The employee sustained a work-related injury on 9/15/10 resulting in neck pain, left shoulder pain, left knee pain, left hip pain, left hand pain, and back pain. The medical records provided for review indicate treatments have included oral medications and injections. The request is for Mag-Ox 400 mg.

The Physician's Desk Reference states "Magnesium is a naturally occurring mineral. Magnesium is important for many systems in the body especially the muscles and nerves. Magnesium oxide is used as a supplement to maintain adequate magnesium in the body. Magnesium oxide may also be used for purposes other than those listed in this medication..." Rationale for this medication has not been provided by the records reviewed. There are no lab reports currently showing that the employee is deficient in magnesium and/or that there are has symptoms related to magnesium deficiency. The request for Mag-Ox 400 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;

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

/slm

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.