
Notice of Independent Medical Review Determination

Dated: 10/7/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/24/2013

9/25/2009

7/26/2013

CM13-0003708

- 1) MAXIMUS Federal Services, Inc. has determined the request for Cidaflex (unspecified dosage) #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for vitamin D3 5000U (unspecified quantity) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for ibuprofen 800mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for TGHOT Ointment **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 7/24/2013. 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 Cidaflex (unspecified dosage) #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Vitamin D3 5000U (unspecified quantity) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Ibuprofen 800mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for TG Hot Ointment **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 24, 2013:

“The patient is a 35 year-old male employed as a [REDACTED]. The date of hire was not noted. The date of injury was September 25, 2009. The mechanism of injury is not noted. The accepted injury is to the upper back area, left shoulder, and neck. The current diagnoses are: Cervical sprain/strain; left shoulder sprain/strain; left shoulder pain; pain-related insomnia; lumbar sprain/strain. Treatment has included: Medications; diagnostics. In the most recent report on file, dated June 29, 2013, Dr. [REDACTED] notes: Subjective: The patient complains of left shoulder pain. Dr. [REDACTED] gave him a cortisone injection. The injection actually helped him a lot. He states that his pain dropped down to 2/10. Pain is 2/10 with medications and 6/10 without medications. Objective: Blood pressure is 163/84.”

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 7/24/2013)
- Medical Records provided by the Claims Administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for Cidaflex (unspecified dosage) #90:

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), pg. 50, part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), (online version) (section and page number not cited), a medical treatment guideline not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an injury to the upper back area, left shoulder and neck on 9/25/09. The submitted and reviewed medical records indicate diagnoses include: cervical sprain and strain, left shoulder sprain and strain, left shoulder pain, pain-related insomnia, and lumbar sprain and strain. Prior treatment has included medications and injections. The records note the employee continues to experience left shoulder pain. A request has been submitted for Cidaflex (unspecified dosage) #90.

MTUS Chronic Pain Guidelines do not specifically address the use of this medication in relation to shoulder complaints but note that this medication is recommended as an option given the low risk in patients with moderate arthritis, especially for knee osteoarthritis. The guidelines further state that “no treatment achieved the predefined clinically important difference from placebo in terms of joint space width (JSW) loss” with the use of glucosamine hydrochloride which Cidaflex contains. The submitted medical records indicate a previous left shoulder injection reduced the employee’s pain, which was noted to be 2/10, and the records do not provide a rationale for prescribing this medication. The guidelines do not support the requested medication in this setting. The requested Cidaflex (unspecified dosage) #90 **is not medically necessary and appropriate.**

2) Regarding the request for vitamin D3 5000U (unspecified quantity):

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), pg. 499-500, 567-568, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the

guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines (ODG), (online version), Pain Chapter, Vitamin D section, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an injury to the upper back area, left shoulder and neck on 9/25/09. The submitted and reviewed medical records indicate diagnoses include: cervical sprain and strain, left shoulder sprain and strain, left shoulder pain, pain-related insomnia, and lumbar sprain and strain. Prior treatment has included medications and injections. The records note the employee continues to experience left shoulder pain. A request has been submitted for vitamin D3 5000U (unspecified quantity).

The Official Disability Guidelines recommend vitamin D as a consideration in chronic pain patients and for supplementation if necessary. However, the guidelines state vitamin D is under study as an isolated pain treatment, and vitamin D deficiency is not a considered a workers' compensation condition. The submitted medical records do not provide a rationale for vitamin D supplementation. There is no evidence in the records provided to indicate the employee is deficient in vitamin D. The requested vitamin D3 5000U (unspecified quantity) **is not medically necessary and appropriate.**

3) Regarding the request for ibuprofen 800mg #90:

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), pg. 67-73, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 an injury to the upper back area, left shoulder and neck on 9/25/09. The submitted and reviewed medical records indicate diagnoses include: cervical sprain and strain, left shoulder sprain and strain, left shoulder pain, pain-related insomnia, and lumbar sprain and strain. Prior treatment has included medications and injections. The records note the employee continues to experience left shoulder pain. A request has been submitted for Ibuprofen 800mg #90.

MTUS Chronic Pain Guidelines support the use of ibuprofen, but for the shortest course and at the lowest dosage. The submitted medical records indicate that a previous shoulder injection improved the employee's pain which was reported to be 2/10. The submitted medical records fail to document the medical necessity for this request. The requested Ibuprofen 800mg #90 **is not medically necessary and appropriate.**

4) Regarding the request for Prilosec 20mg #60:

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

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines, (2009), pg. 58-59, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, (2009), pg. 67-68, part of the MTUS, was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an injury to the upper back area, left shoulder and neck on 9/25/09. The submitted and reviewed medical records indicate diagnoses include: cervical sprain and strain, left shoulder sprain and strain, left shoulder pain, pain-related insomnia, and lumbar sprain and strain. Prior treatment has included medications and injections. The records note the employee continues to experience left shoulder pain. A request has been submitted for Prilosec 20mg #60.

MTUS Chronic Pain Guidelines indicate a Proton Pump Inhibitor (Prilosec) may be suitable for patients taking NSAID medication who are at risk for gastrointestinal (GI) events. The submitted medical records do not indicate that the employee has significant GI history or current GI symptomatology. The submitted medical records have not established the medical necessity of Prilosec in this case. The requested Prilosec 20mg #60 **is not medically necessary and appropriate.**

5) Regarding the request for TG Hot ointment:

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), pg. 111-113, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, (2009), Topical Analgesics, Capsaicin, pg. 111-113, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an injury to the upper back area, left shoulder and neck on 9/25/09. The submitted and reviewed medical records indicate diagnoses include: cervical sprain and strain, left shoulder sprain and strain, left shoulder pain, pain-related insomnia, and lumbar sprain and strain. Prior treatment has included medications and injections. The records note the employee continues to experience left shoulder pain. A request has been submitted for TG Hot ointment.

MTUS Chronic Pain Guidelines note that topical medications are largely experimental, with few randomized controlled trials to determine efficacy. TGHot ointment contains the medication, capsaicin. The guidelines note that although topical capsaicin has moderate to poor efficacy, it may be useful in patients whose pain has not been successfully controlled with conventional therapy. The submitted medical records indicate that the employee was given an injection to the left shoulder on 6/24/13. A medical report dated 6/29/13 notes the employee felt the injection helped and pain was reduced to 2/10. The guidelines do not support the request for TGHot ointment in this case. The request for TG Hot ointment **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

/srb

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.