

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/21/2013

9/18/2001

7/29/2013

CM13-0004343

- 1) MAXIMUS Federal Services, Inc. has determined the request for **One (1) prescription of Motrin 800mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **One (1) prescription of Ultram 50mg #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 **One (1) prescription of Motrin 800mg #90** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **One (1) prescription of Ultram 50mg #60** 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 Family Practice 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.

Expert Reviewer Case Summary:

This is a 59-year-old female who suffered injury in 9/18/01. She sustained an injury while being employed as a field laborer at a vineyard. The injury resulted in bilateral knee pain and low back pain. After 3 to 4 years she underwent right knee surgery. Exam note on 5/1/13 stated that the claimant still had 10 out of 10 pain. Pain was located on the neck, lumbar spine, and bilateral shoulders. There was also pain with bending the knee, kneeling, stooping, squatting, stairclimbing or from going from a seated to standing position. Pain medications were given for control but a specific list was not identified. The diagnosis included musculoskeletal sprains as well as torn meniscus of both knees. A urine drug screen on 5/1/13 noted hydrocodone and hydromorphone positive results. A prescription was given for Motrin and Ultram on 6/7/13. A urine screen in 7/13, was positive for tramadol. The 7/13 screen stated the patient was on Tramadol and Motrin. A refill of the same medications were requested in 7/13.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for One (1) prescription of Motrin 800mg #90:

The Medical Treatment Guidelines 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), Ibuprofen, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 67, which is part of the MTUS.

Rationale for the Decision:

Page 67 of the MTUS Chronic Pain Medical Treatment Guidelines states that nonsteroidals are used for the lowest dose for the shortest period for patients with moderate to severe pain. Nonsteroidal anti-inflammatories are also considered second line of treatment after acetaminophen for back pain. Motrin is not medically necessary based on the high dosage of Motrin provided along with prolonged use and lack of documentation indicating specific benefit from this medication. Furthermore, urine drug findings from May 2013 indicate use of non-prescribed opioids. These findings along with lack of support to include Motrin as part of the pain therapy indicates lack of medical necessity. **The request for One (1) prescription of Motrin 800mg #90 is not medically necessary and appropriate.**

2) Regarding the request for One (1) prescription of Ultram 50mg #60:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Ultram/Tramadol, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 79, 83, and 93-94, which are part of the MTUS.

Rationale for the Decision:

According pages 93-94 of the chronic pain medical treatment guidelines, Tramadol is a synthetic opioid. Page 79 of the guideline states that Opioids should be discontinued when there is serious non-adherence occurring. Page 83 of the guideline states that opioids should be used for short-term use when there is evidence of first-line therapy such as nonsteroidal's and acetaminophen have failed. Based on the guideline cited above along with the clinical history, there is evidence of divergence in opioid use. There is also no indication of failure are first-line therapy. There's also a risk of combining several types of opioids that have been found in urine drug screen. **The request for One (1) prescription of Motrin 800mg #90 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.