

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	11/7/2011
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004737

- 1) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone 10/325 mg quantity 60.00 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20 mg quantity 60.00 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine HCL 2 % Flurbiprofen 21% 180 gm quantity 1.00 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin 0/0375% Diclofenac 20%/Tramadol 20% Camphor 2%/Menthol 2% 180 gm quantity 1.00 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for urine drug screen quantity 1.00 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 Hydrocodone 10/325 mg quantity 60.00 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20 mg quantity 60.00 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine HCL 2 % Flurbiprofen 21% 180 gm quantity 1.00 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin 0/0375% Diclofenac 20%/Tramadol 20% Camphor 2%/Menthol 2% 180 gm quantity 1.00 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for urine drug screen quantity 1.00 **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 Pain Management 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:

The patient is a 50-year-old female who reported an injury on 11/07/2011 from lifting boxes. The patient is noted to have been treated for injuries to the right shoulder, fingers, right elbow, right wrist, cervical spine, and low back. The patient is reported to be utilizing hydrocodone 10/325 mg and a previous letter of determination from [REDACTED] dated 07/23/2013 reported that a clinical note dated 06/14/2013, signed by Dr. [REDACTED], reported the patient complained of constant, moderate, sharp neck, mid and upper back pain with stiffness and constant moderate sharp low back pain and weakness radiating to the legs. She complained of intermittent mild, dull, sharp right shoulder pain and stiffness, tingling, and weakness radiating to the hands and constant moderate, dull, sharp right elbow pain with heaviness, numbness, and tingling. The patient is also noted to complain of moderate, dull, achy, sharp, throbbing wrist pain with heaviness, numbness, tingling, weakness, and cramping. She is reported to complain of loss of sleep due to pain and on objective findings noted decreased and painful range of motion of the lumbar spine, right elbow, and right wrist.

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Hydrocodone 10/325 mg quantity 60.00 :

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, page 91, which is a part of the MTUS.

The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use for ongoing management, page 78, which is a part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effect; and pain assessment should include current pain, least reported pain since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by documentation of decreased pain, increased level of function, or improved quality of life. The submitted and reviewed records include no documentation of decreased pain with use of medications of the narcotic analgesics, or of functional improvement by objective findings on a physical exam, or improvement in ability to perform ADLs. The requested ongoing use of hydrocodone does not meet guideline recommendations. **The request for Hydrocodone 10/325 mg quantity 60.00 is not medically necessary and appropriate.**

2) Regarding the request for Omeprazole 20 mg quantity 60.00:

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, NSAIDs, GI symptoms and cardiovascular risk, no page cited, which is a part of the MTUS.

The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms and cardiovascular risk, page 68-69, which is a part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines recommend the use of proton pump inhibitors with the use of NSAIDs if the patient is at risk for gastrointestinal events, including being over the age of 65 years or with a history of peptic ulcer, GI bleeding, or perforation with concurrent use of aspirin, corticosteroids, or an anti-coagulant, or high-dose nonsteroidal anti-inflammatories. As the employee is under 65 years of age, is not noted to have a history of peptic ulcer, GI bleeding, or perforation, is not noted to be taking any nonsteroidal anti-inflammatories other than naproxen 550 mg twice a day, and is not reported to complain of GI upset related to the use of the nonsteroidal anti-inflammatory, the need for omeprazole is not established and does not meet guideline recommendations. **The request for Omeprazole 20mg quantity 60.00 is not medically necessary and appropriate.**

- 3) **Regarding the request for Cyclobenzaprine HCL 2 % Flurbiprofen 21% 180 gm quantity 1.00 :**

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, Topical Analgesics, pages 111-113, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is a part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines indicate that there is no evidence to support the use of any muscle relaxants as a topical product. As the requested topical ointment contains Cyclobenzaprine, an anti-spasmodic, the requested medication does not meet guideline recommendations. **The request for Cyclobenzaprine HCL 2%, Flurbiprofen 21% 180 gm quantity is not medically necessary and appropriate.**

- 4) **Regarding the request for Capsaicin 0/0375% Diclofenac 20%/Tramadol 20% Camphor 2%/Menthol 2% 180 gm quantity 1.00 :**

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, Topical Analgesics, pages 111-113, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is a part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. They state that there have been no studies of a 0.0375 formulation of capsaicin and there are no indications that this increase over a 0.025 formulation would provide any further efficacy. As the requested topical analgesic contains capsaicin 0.0375 along with diclofenac, Tramadol, camphor, and menthol, the requested topical analgesic is not indicated, as the capsaicin 0.0375 does not meet guideline recommendations. In addition, there is no documentation that Tramadol as a topical analgesic is recommended. **The request for Capsaicin 0.0375%, Diclofenac 20%, Tramadol 20%, Camphor 2%, and Menthol 2% 180gm quantity 1.00 is not medically necessary and appropriate.**

5) Regarding the request for urine drug screen quantity 1.00 :

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, Drug Testing, pages 77-80, which is a part of the MTUS.

The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Drug Testing, Opioids, steps to avoid misuse/addiction pages 94-95, and page 43, which are part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain guidelines recommend drug testing as an option using a urine drug screen to assess for use or the presence of illegal drugs. It also states that random urine toxicology screens are recommended to avoid misuse or addiction. However, from the submitted and reviewed records, there is no indication of when the last drug screen was performed, or the findings, and there is no documentation that the patient is noted to have aberrant drug-taking behaviors or suspected of abuse or addiction, the need for a urine drug screen performed does not meet guideline recommendations. **The request for a urine drug screen quantity 1.00 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.