

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 6/14/2007
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0005631

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cidaflex tablets #120 DOS 8/9/2012** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Medrox pain relief ointment 120gm #240 DOS 8/9/2012** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Omeprazole delyaed-release capsules 20mg #120 DOS 8/9/2012** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cyclobenzaprine Hydrochoride tablet 7.5mg #120 DOS 12/20/2012** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cidaflex Tablets #120 DOS 12/20/2012** is not **medically necessary and appropriate**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 retrospective request for **Cidaflex tablets #120 DOS 8/9/2012** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Medrox pain relief ointment 120gm #240 DOS 8/9/2012** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Omeprazole delayed-release capsules 20mg #120 DOS 8/9/2012** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cyclobenzaprine Hydrochloride tablet 7.5mg #120 DOS 12/20/2012** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Cidaflex Tablets #120 DOS 12/20/2012** 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 Anesthesiology and 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:

71 y/o male injured worker who sustained an injury and has been diagnosed with cervical and lumbar discopathy. UR performed on 7/19/13 evaluated clinical documentation, the most recent of which was dated 5/2/13. The most recent medical record available for my review is a note dated 5/2/13. The clinical issues at hand are whether the Cidaflex Tablets #120 is medically necessary and appropriate, whether the Medrox Pain Relief Ointment 120 gm times #240 is medically necessary and appropriate, whether omeprazole delayed-release capsules are medically necessary and appropriate, and whether the Cyclobenzaprine Hydrochloride Tab 7.5 mg #120 is medically necessary and appropriate.

Note that in "issues at dispute" Cidaflex tablets is written twice.

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 retrospective request for Cidaflex tablets #120 DOS 8/9/2012:

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, Glucosamine, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Glucosamine, pg. 50, which is part of the MTUS.

Rationale for the Decision:

According to MTUS, the ingredient in Cidaflex is indicated for arthritis. In this case, without documentation of objective findings suggestive of arthritis pain in the reports submitted, the medical necessity of Cidaflex tablets #120, DOS: 8/9/12 and 12/20/12 is not established. **The retrospective request for Cidaflex tablets #120 DOS 8/9/2012 is not medically necessary and appropriate.**

2) Regarding the retrospective request for Medrox pain relief ointment 120gm #240 DOS 8/9/2012:

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, Topical Analgesics, which is part of the MTUS.

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

Rationale for the Decision:

The treating physician cites the MTUS to suggest that topical analgesics are recommended as an option as indicated below. "These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate." Although the treating physician quotes MTUS to say its recommended, their MTUS citation is not specific to the agents found in MEDROX (methyl salicylate, menthol, capsaicin) ointment. There is no documentation of intolerance to oral pain medication and the employee needs an alternative treatment in the form of a topical analgesic. Additionally, there is no documentation of failed trials of antidepressants and anticonvulsants and capsaicin is recommended only as an option in patients who have not responded or are intolerant to the other treatments.

The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, than the overall product is not indicated per MTUS as outlined below. For a similar reason topical methyl salicylate is not recommended as it's a topical NSAID and the employee is already on an oral NSAID. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. **The retrospective request for Medrox pain relief ointment 120gm #240 DOS 8/9/2012 is not medically necessary and appropriate.**

3) Regarding the retrospective request for Omeprazole delayed-release capsules 20mg #120 DOS 8/9/2012:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Omeprazole, pg. 68, which is part of the MTUS.

Rationale for the Decision:

The UR determination is consistent with MTUS citation above, where it states "In this case, the report on the date of service does not provide evidence of gastrointestinal complaints, NSAID use, or clinical findings of gastrointestinal upset. With these in consideration, the medical necessity of Omeprazole delayed-release capsules 20mg #120, DOS: 3/9/12 is not established." **The retrospective request for Omeprazole delayed-release capsules 20mg #120 DOS 8/9/2012 is not medically necessary and appropriate.**

4) Regarding the retrospective request for Cyclobenzaprine Hydrochloride tablet 7.5 mg #120 DOS 12/20/2012:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 63, which is part of the MTUS.

Rationale for the Decision:

In the most recent provider note of 5/2/13, there is physical exam evidence of muscle spasm in the neck, but not in the lumbar spine region (MTUS supports this medication in lower back pain, as cited below) and there is no diagnosis of acute spasm. It is implied by previous certification requests that this medication has been prescribed before. The provider notes "He is aware that this should only be taken in short courses for spasms".

Therefore, the documentation does not clearly convey to me a diagnosis of acute spasm in the lower back at this time. Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.

The retrospective request for Cyclobenzaprine Hydrochloride tablet 7.5 mg #120 DOS 12/20/2012 is not medically necessary and appropriate.

5) Regarding the retrospective request for Cidaflex Tablets #120 DOS 12/20/2012:

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, Glucosamine, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Glucosamine, pg. 50, which is part of the MTUS.

Rationale for the Decision:

According to MTUS, the ingredient in Cidaflex is indicated for arthritis. In this case, without documentation of objective findings suggestive of arthritis pain in the reports submitted, the medical necessity of Cidaflex tablets #120, DOS: 8/9/12 and 12/20/12 is not established. **The retrospective request for Cidaflex tablets #120 DOS 12/20/2012 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

/ldh

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.