

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 9/29/2008
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006458

- 1) MAXIMUS Federal Services, Inc. has determined the request for **bilateral shoulder consult is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **electric scooter is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **cervical spine surgery is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Nexium 40mg daily is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Cialis 20mg daily as needed is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Flector patches 1.3% patch daily **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for pennsaid topical cream **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 **bilateral shoulder consult is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **electric scooter is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **cervical spine surgery is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Nexium 40mg daily is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Cialis 20mg daily as needed is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Flector patches 1.3% patch daily **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for pennsaid topical cream **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 Orthopedic Surgery, 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 46-year-old male who reported a work related injury on 09/29/2008 as a result of a contusion. The patient is subsequently status post bilateral total knee arthroplasties (left knee on 04/09/2013, right knee on 06/19/2012) with subsequent manipulation under anesthesia of the left knee performed on 06/13/2013. The patient presents for treatment for the following diagnoses: status post right total knee arthroplasty, status post left total knee arthroplasty, bilateral shoulder impingement syndrome, prior right rotator cuff repair, C5-6 cervical stenosis, history of right 1st thumb fracture with persistent deformity residuals and possible ligamentous tear, right great toe distal phalanx crush injury, status post gastric banding in 2005 and status post gastric banding removal in 2008, narcotic dependency, and lumbar spondylosis. MRI of the cervical spine dated 09/02/2012 signed by Dr. [REDACTED] revealed (1) minimal central and

left paracentral bulging annulus at the L4-5 level but no central stenosis or foraminal stenosis; (2) broad-based bulging annulus at the C5-6 level without central stenosis; (3) moderate left-sided foraminal narrowing and mild right-sided foraminal narrowing at the C5-6 level secondary to degenerative changes of the facets; (4) no signal abnormality of the cervical cord identified. The clinical note dated 06/25/2013 is a supplementary report with a request for multiple authorizations, submitted by Dr. [REDACTED]. The provider documents the patient returns with multiple body complaints. The provider documents the patient underwent excision of the right toenail as of 06/13/2013 and presents with severe pain to the foot and bilateral knees. The patient is pending surgical interventions with a Dr. [REDACTED]. The provider documents the patient is having difficulty ambulating with his crutches due to his pain. The patient is requesting an electric wheelchair to assist with ambulation. The patient reports stomach pain has increased and directed to his right upper quadrant. The patient reported a history of elevated liver enzymes. The provider documents the patient is utilizing crutches to aid with ambulation. The patient is having a difficult time with ambulation, per the provider. The provider documents there is a bandage wrapped around the right great toe. There are clean, well-healed scars on the bilateral knees with no signs of infection. There was swelling in the left knee, and range of motion had improved from previous visits, now to 5 degrees to 95 degrees. The provider documented the patient has pain to palpation in the bilateral shoulders with moderately decreased range of motion. The provider documented authorization request was rendered for electric scooter, gastroenterology consult, cervical spine surgery, bilateral shoulder consult, and request for the following medications: Ultram, Nexium, Cialis, Flector patch, Pennsaid topical cream, and Vicodin ES.

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 Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for bilateral shoulder consult :

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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, page 127. The Claims Administrator also cited the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pgs. 89-92, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines state, "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry as outlined above with treating a particular case of delayed recovery or has difficulty obtaining

information or agreement to a treatment plan.” The medical records provided for review do not show evidence of a recent thorough physical exam of the employee’s right and left shoulders to support the requested intervention. **The request for bilateral shoulder consult is not medically necessary and appropriate.**

2) Regarding the request for electric scooter:

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 Claims Administrator also cited www.cignamedicare.com, which is not part of the 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 Official Disability Guidelines (ODG), Power mobility devices (PMDs).

Rationale for the Decision:

The Official Disability Guidelines state, “Not recommended if the functional mobility device can be sufficiently resolved by the prescription of a cane or walker, the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing and able to provide assistance with a manual chair.” The medical records provided for review did not show evidence of a recent thorough physical exam of the employee to support the current request. In addition, the clinical notes did not provide a rationale for why the employee, is incapable of ambulating, or could not self-propel a wheelchair with the right and left legs. **The request for electric scooter is not medically necessary and appropriate.**

3) Regarding the request for cervical spine surgery:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pgs 179-780, Online Edition, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEEM Guidelines indicate “Surgical considerations are supported for patients with severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on imaging studies that did not respond to conservative therapy.” The medical records provided for

review did not show any evidence of the employee presenting with motor, neurological, or sensory deficits to support surgical interventions. The medical records lack documentation of a recent thorough physical exam of the employee, goals of future course of treatment, and the specific surgical intervention having been recommended. The cervical spine MRI revealed broad-based bulging annulus at the C5-6 without central stenosis, but no evidence of nerve root involvement. **The request for cervical spine surgery is not medically necessary and appropriate.**

4) Regarding the request for Nexium 40mg daily :

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, pages 68-69, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that the use of a proton-pump inhibitor (PPI) is appropriate for patients maintained on oral non-steroidal anti-inflammatory drugs (NSAIDs) and pain medications, to prevent gastrointestinal (GI) symptoms. The medical records provided for review indicate that the use of Nexium had not provided any substantial benefit for the employee. The employee presented with pain to the right upper abdomen and diarrhea complaints for four (4) months. **The request for Nexium 40mg daily is not medically necessary and appropriate.**

5) Regarding the request for Cialis 20mg daily as needed :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

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 Drug Package insert online addition-Cialis.

Rationale for the Decision:

The medical records provided for review did not indicate that the employee presented with a diagnosis of erectile dysfunction resulting primarily from chronic pain, nor was there evidence of recent testosterone lab levels. **The request for Cialis 20mg daily as needed is not medically necessary and appropriate.**

6) Regarding the request for Flector patches 1.3% patch daily :

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, page 111, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines state, “Topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety.” The medical records provided for review does not show evidence the employee’s reports of the effectiveness of the current medication regimen, average rate of pain on a VAS scale, or increase in objective functionality as a result of using topical analgesics. **The request for Flector patches 1.3% patch daily is not medically necessary and appropriate.**

7) Regarding the request for pennisaid topical cream:

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 Claims Administrator also cited the Official Disability Guidelines, Pain Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 111, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines state, “Topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety.” The medical records provided for review does not show evidence the employee’s reports of the effectiveness of the current medication regimen, average rate of pain on a VAS scale, or increase in objective functionality as a result of using topical analgesics. **The request for pennisaid topical cream 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.