

Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 3/3/2010
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0008807

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Fexmid is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Urine Drug Screen is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **ROM is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **Norco is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Fexmid is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Urine Drug Screen is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **ROM 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral shoulder pain reportedly associated with an industrial injury of March 3, 2010.

Thus far, she has been treated with the following: Analgesic medications; attorney representation; a transcutaneous electrotherapy device; prior right shoulder surgery; a sling; computerized range of motion testing; at least 20 sessions of postoperative physical therapy following prior right shoulder surgery; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of July 18, 2013, the claims administrator apparently denied requests for Norco, Fexmid, a urine drug screen, and computerized range of motion testing. It is noted that the utilization review decision is extremely difficult to read. Nevertheless, it does appear that all of these services were denied.

The applicant's attorney subsequently appealed on August 8, 2013.

In a permanent and stationary report of September 12, 2013, it is stated that the applicant has been placed back to regular duty work; however, the employer has not

allowed her return. The applicant is using Zanaflex twice a day and applies topical Medrox several times a day, it is stated. She no longer takes Norco or Voltaren, it is further noted. Shoulder range of motion is diminished on goniometry, with flexion to 120 degrees and abduction to 95 degrees, it is stated. New followup appointments are sought.

An earlier appeal letter of August 22, 2013 is notable for comments that the applicant's ongoing usage of Norco 10/325 twice a day allows her to manage her pain and allows her to more effectively participate in home exercises following shoulder surgery.

An earlier appeal letter of June 25, 2013 is notable for comments that the applicant's usage of Norco is appropriate to combat the applicant's moderate to severe pain. It is further noted that Fexmid or Flexeril is being employed to treat the applicant's muscle tenderness/muscle tightness. An earlier note of June 25, 2013, is handwritten, not entirely legible, and quite difficult to follow. It appears that Zanaflex as opposed to Fexmid was prescribed on this date. The applicant was off of work as of this date, it was further noted. The applicant was given a prescription for Norco 10/325, #60.

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 Norco:

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 MTUS Chronic Pain Medical Treatment Guidelines.

The Expert Reviewer based his/her decision on the the Chronic Pain Medical Treatment Guidelines (2009), Pages 79 - 80, which are part of MTUS.

Rationale for the Decision:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. The attending provider has successfully established, through numerous appeal letters, that the employee did, in fact, exhibit improved performance of activities of daily living and reduction in pain scores through ongoing opioid usage. It is noted that the employee ultimately discontinued Norco as of September 2013, apparently owing to resolution in pain or significant diminution in pain, as suggested on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. As of the date in question, however, the employee did have significant pain complaints postoperatively following shoulder surgery.

Continuing Norco was indicated, particularly given the improved function, reduction in pain, and facilitation of a home exercise program effected through ongoing Norco usage. **The request for Norco is medically necessary and appropriate.**

2) Regarding the request for Fexmid:

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 MTUS Chronic Pain Medical Treatment Guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Page 41, which is part of MTUS.

Rationale for the Decision:

As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. In this case, the employee was using numerous other analgesic and adjuvant medications, including Norco and Zanaflex. Adding cyclobenzaprine or Flexeril to the same was not indicated. **The request for Fexmid is not medically necessary and appropriate.**

3) Regarding the request for Urine Drug Screen:

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, Urine Drug Screen, which is part of the MTUS; and the ODG, Pain, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Page 43, which is part of MTUS; and the Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing, which is not part of the MTUS.

Rationale for the Decision:

While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not identify specific parameters for performing drug testing or establish the frequency with which urine drug testing should be performed. As noted in the ODG Urine Drug Testing topic, criteria for usage of urine drug testing include usage of the Department of Transportation guidelines as the most legally defensible best practices, provision of an employee's complete drug list prior to performing testing, and/or clearly stating what drug tests are being performed. In this case, the attending provider did not meet any of the aforementioned criteria. The attending provider did not clearly document the employee's medication list prior to performing drug testing, nor did the attending provider state how the drug test results would influence his treatment plan. The attending provider did not

clearly state the urine drug test results, nor did the attending provider state which drug test(s) were intended to perform. **The request for urine drug screen is not medically necessary and appropriate.**

4) Regarding the retrospective request for ROM:

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 ACOEM Guidelines, Tables 8-8, 12-8, 9-6, 10-6, and 11-7, which are part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 9, Shoulder Disorders, Physical Examination, which is part of MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, range of motion testing is part of the regional shoulder and neck physical exam. The examiner may determine range of motion, both actively and passively, it is further noted. There is no clearly established or clearly defined role for the computerized range of motion testing sought by the attending provider. **The retrospective request for ROM 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

/sm

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.