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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/26/2013

Date of Injury:

4/23/2002

IMR Application Received:

8/14/2013

MAXIMUS Case Number:

CM13-0010819

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Colace 100 mg #60 with 5 refills is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone 15 mg #120 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Lexapro 20 mg #60 with 5 refills is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Ambien 10 mg #30 with 3 refills is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Gralise ER 300 mg #30 with 3 refills is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Gralise ER 600 mg #30 with 3 refills is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **Colace 100 mg #60 with 5 refills** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone 15 mg #120** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Lexapro 20 mg #60 with 5 refills** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Ambien 10 mg #30 with 3 refills** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Gralise ER 300 mg #30 with 3 refills** is not **medically necessary and appropriate**.
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Gralise ER 600 mg #30 with 3 refills** 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 Anesthesiologist, has a subspecialty in Pain 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 patient is a 57 year old male who reported injury on 04/23/2002. The patient's pain was noted to be a 7/10 to 8/10. The patient was noted to be taking 2 to 4 tablets of oxycodone per day. The patient was noted to have positive trigger points and was noted to have tenderness in the paracervical muscles and trapezius. The patient's diagnosis was stated to include post cervical laminectomy syndrome, cervical radiculopathy along with cervical pain. The treatment plan was noted to include Colace 100 mg, oxycodone 15 mg, Lexapro 20 mg, Ambien 10 mg, Gralise ER 300 mg, and Gralise ER 600 mg.

### **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
  - Employee/Employee Representative
  - Provider

#### **1) Regarding the request for Colace 100 mg #60 with 5 refills:**

##### 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, Opioids, which is part of the MTUS, and 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, Opioids, Initiation of Therapy, pg. 77, which is part of the MTUS.

##### Rationale for the Decision:

The MTUS guidelines recommend prophylactic treatment of constipation. The medical record revealed the employee's current medications included: Ambien, Colace, Lexapro, Gralise ER 300 mg, Gralise ER 600 mg, and oxycodone 15 mg. The employee was noted to be in the office due to neck pain radiating from the neck to the left arm. According to the clinical documentation submitted for review, the employee reported no new problems or side effects. On examination, the employee was noted to have tenderness at the paracervical muscles and trapezius. The clinical documentation submitted for review failed to provide the efficacy of the requested medication and any signs and symptoms of constipation. Therefore, the request for Colace is not recommended. **The request for Colace 100 mg #60 with 5 refills is not medically necessary and appropriate.**

#### **2) Regarding the request for Oxycodone 15 mg #120 :**

##### 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), section Oxycontin, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids and On-Going Management, pg. 74 & 78, which is part of the MTUS.

Rationale for the Decision:

The MTUS guidelines indicate that the most relevant documentations, such as pain relief, side effects, physical and psychosocial functioning, the occurrence of potentially aberrant drug behavior, are necessary for the recommendation of oxycodone as an effective method for controlling chronic pain. The clinical notes revealed the employee's current medications included: Ambien, Colace, Lexapro, Gralise ER 300 mg, Gralise ER 600 mg, and oxycodone 15 mg. The employee was noted to be in the office due to neck pain radiating from the neck to the left arm. Clinical documentation indicated that the employee's pain level had increased since the last visit. The employee reported no new problems or side effects. The employee's activity level was noted to be the same. The physical examination revealed a restricted range of motion in flexion, extension, bilateral lateral bending, and bilateral lateral rotation. In addition, the employee was noted to have tenderness at the paracervical muscles and trapezius. The clinical notes submitted for review stated that the employee was to take oxycodone 1 tablet 3 times a day as needed, quantity 90, for breakthrough pain. However, clinical documentation submitted for review failed to provide documentation of objective findings to support the necessity for ongoing use of Oxycodone. Additionally, the clinical documentation failed to provide the necessity for an increase of Oxycodone to 120 tablets. **The request for Oxycodone 15 mg #120 is not medically necessary and appropriate.**

**3) Regarding the request for Lexapro 20 mg #60 with 5 refills :**

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Selective Serotonin Reuptake Inhibitors (SSRI), pg. 107, which is part of the MTUS.

Rationale for the Decision:

The MTUS guidelines do not recommend selective serotonin reuptake inhibitors (SSRI) for chronic pain. However, the guidelines stated that SSRI may have a role in treating secondary depression. The clinical documentation submitted for review indicated the employee was taking Lexapro for depression. The clinical notes revealed the employee's current medications included: Ambien, Colace, Lexapro, Gralise ER 300 mg, Gralise ER 600 mg, and oxycodone 15 mg. Clinical documentation indicated that the employee's pain level had increased since the last visit. According to the document submitted for review, the employee reported no new problems or side effects. The employee's quality of sleep was noted to be poor and the activity level was noted to be the same. Furthermore, the provided documentation failed to provide a thorough objective examination including notations regarding the employee's mental status and the efficacy of the medication. **The request for Lexapro 20 mg #60 with 5 refills is not medically necessary and appropriate.**

#### 4) Regarding the request for Ambien 10 mg #30 with 3 refills :

##### 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), section Oxycontin, 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 Official Disability Guidelines (ODG), Pain Chapter, Online Version, Zoldipem (AMBIEN), which is not part of the MTUS.

##### Rationale for the Decision:

The Official Disability Guidelines (ODG) recommend Ambien for a short-term use treatment of insomnia. The clinical documentation submitted for review indicated the employee was taking Ambien due to a poor quality of sleep. The clinical notes revealed the employee's current medications included: Ambien, Colace, Lexapro, Gralise ER 300 mg, Gralise ER 600 mg, and oxycodone 15 mg. The employee was noted to be in the office due to neck pain radiating from the neck to the left arm. Clinical documentation indicated that the employee's quality of sleep was noted to be poor. However, clinical documentation failed to provide the necessity for the refills of Ambien. Additionally, the provided documents failed to provide the duration the employee has been on the medication and the efficacy of the medication. **The request for Ambien 10 mg #30 with 3 refills is not medically necessary and appropriate.**

#### 5) Regarding the request for Gralise ER 300 mg #30 with 3 refills :

##### 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, section Gabapentin, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AEDs), Gralise, (Gabapentin), pg. 16, which is part of the MTUS.

##### Rationale for the Decision:

The MTUS guidelines recommend Gralise for neuropathic pain. The medical records revealed the employee's current medications included Ambien, Colace, Lexapro, Gralise ER 300 mg, Gralise ER 600 mg, and oxycodone 15 mg. The employee was noted to have pain and numbness along with radiating pain. Clinical documentation indicated that the employee had pain symptoms on a continuous basis, but they are all alleviated somewhat by current medications. According to the clinical documentation submitted for review, the employee's pain level had increased since the last visit. The physical examination revealed a restricted range of motion in flexion, extension, bilateral lateral bending, and bilateral lateral rotation. On examination, the employee was noted to have tenderness at the paracervical muscles and trapezius. However, the clinical

documentation failed to provide the employee's response to Gralise along with its efficacy and associated side effects. Given the above, the request is non recommended. **The request for Gralise ER 300 mg #30 with 3 refills is not medically necessary and appropriate.**

**6) Regarding the request for Gralise ER 600 mg #30 with 3 refills:**

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, section Gabapentin, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, section Anti-epilepsy drugs (AEDs), Gralise, (Gabapentin), pg. 16, which is part of MTUS.

Rationale for the Decision:

The MTUS guidelines recommend Gralise for neuropathic pain. The medical records revealed the employee's current medications included Ambien, Colace, Lexapro, Gralise ER 300 mg, Gralise ER 600 mg, and oxycodone 15 mg. The employee was noted to have pain and numbness along with radiating pain. Clinical documentation indicated that the employee had pain symptoms on a continuous basis, but they are all alleviated somewhat by current medications. According to the clinical documentation submitted for review, the employee's pain level had increased since the last visit. The physical examination revealed a restricted range of motion in flexion, extension, bilateral lateral bending, and bilateral lateral rotation. On examination, the employee was noted to have tenderness at the paracervical muscles and trapezius. However, the clinical documentation failed to provide the employee's response to Gralise along with its efficacy and associated side effects. Given the above, the request is not recommended. **The request for Gralise ER 600 mg #30 with 3 refills 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, 18<sup>th</sup> 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.