

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	5/2/2002
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011697

- 1) MAXIMUS Federal Services, Inc. has determined the request for Naproxen 550mg #100 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone/APAP 10/325mg #60 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tramadol ER 150mg #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 Naproxen 550mg #100 is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg #120 is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone/APAP 10/325mg #60 is **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tramadol ER 150mg #60 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 Internal 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:

This is a 50 year old male who sustained a work related injury on 2/2/2002 when a heavy object fell on his right arm and back. He underwent Lumbar (L)L5-Sacra (S)1 fusion and right lateral epicondylar reconstruction. His diagnosis relevant to this case include: chronic pain syndrome, right elbow pain status post (s/p) lateral epicondylar reconstruction and chronic low back pain s/p L5-S1 fusion with hardware removal. The current clinical issues include whether the following medications are/are medically necessary: Naproxen 550mg #100, Tizanidine 4mg #120, Hydrocodone/APAP 10/325mg #60 and Tramadol ER 150mg #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 Naproxen 550mg #100:

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 CA Chronic Pain Medical Treatment Guidelines (2009), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 67 of 127 which is a part of the MTUS.

Rationale for the Decision:

The rationale for the above decision on Naproxen 550mg #100 being medically appropriate in this specific case is due to the following guidelines of the MTUS: “Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first- line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile. In the past many low back pain guidelines recommended acetaminophen as a first- line treatment but recent systematic reviews either failed to find evidence to support the view that acetaminophen was effective for the treatment of non-specific low back pain (Davies, 2008) or found that there was only “fair” quality evidence to support use vs. “good” quality evidence for NSAIDs. (Chou, 2007) Problems with research in this area include a lack of large high quality trials, inadequate reporting of methods and results, and choice of treatment contrasts. Further research on this topic has been suggested. It appears that part of the reason that acetaminophen was recommended as a first-line treatment over NSAIDs in most guidelines, in part, was that acetaminophen appeared to have less adverse effects. (Roelofs-Cochrane, 2008).”

A review of the medical records and documentations indicates the employee would benefit from an NSAID to help with controlling pain. Since there is insufficient evidence between acetaminophen and NSAIDS medication should be determined on a case-by-case basis, per the MTUS guidelines. **The request for Naproxen 550mg #100 is medically necessary and appropriate.**

2) Regarding the request for Tizanidine 4mg #120:

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 CA Chronic Pain Medical Treatment Guidelines (2009), muscle relaxants, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Bck pain, Chronic low back pain, pg. 67 of 127 which is a part of the MTUS.

Rationale for the Decision:

The rationale for the above decision on Tizanidine 4mg #120 is not medically appropriate in this specific case is due to the following guidelines of the MTUS: “Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in employees with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP (low back pain) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in employees driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and Baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) Classifications: Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. (See, 2008) (van Tulder, 2006).”

A review of the medical records and documentation indicates there is no proven benefit with the addition of Tizanidine for chronic pain. **The request for Tizanidine 4mg #120 is not medically necessary and appropriate.**

3) Regarding the request for Hydrocodone/APAP 10/325mg #60:

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 CA Chronic Pain Medical Treatment Guidelines (2009), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Page 67 of 127 which is a part of the MTUS.

Rationale for the Decision:

My rationale for the above decision on Hydrocodone/APAP 10/325mg #60 is medically appropriate in this specific case is due to the following guidelines of the MTUS:

“Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (less than 16 weeks), but also appears limited. Failure to respond to a time- limited course of Opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In employees taking Opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%.”

“Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, Opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs.”

A review of the medical records and documentation provided indicates there is documentation of the employee’s worsening condition following decrease in functionality. **The request for Hydrocodone/APAP 10/325mg #60 is medically necessary and appropriate.**

4) Regarding the request for Tramadol ER 150mg #60:

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

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 67 of 127 which are a part of the MTUS.

Rationale for the Decision:

The rationale for the above decision on Tramadol ER 150mg #60 not medically appropriate in this specific case is due to the following guidelines of the MTUS:

“There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. (Deshpande, 2007).”

A review of the medical records and documentation provided indicates the employee’s functional ability is limited and per MTUS Tramadol does not necessarily improve function. The employee has chronic pain syndrome in which documentation does not indicate that neither the Naproxen nor the Hydrocodone/APAP is not effective. **The request for Tramadol ER 150mg #60 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

/cmol

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.