

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 18, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 10/8/2008
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0012225

Dear Mr./Ms. [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and has a subspecialty certificate in Fellowship Trained 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64-year-old female who reported an injury on 07/23/2008 when she was reported to have fallen injuring her neck, right shoulder, and lower back. The patient is noted to have been diagnosed with severe spondylosis of the cervical spine with evidence of disc bulges at C3-4, C4-5, C5-6, and C6-7, disc desiccation of the cervical spine, facet hypertrophy of the cervical spine at C4-5, C5-6, and C6-7 with evidence of upper extremity radiculopathy, right lateral recess stenosis at C6-7, medial meniscal tear right knee, grade 2 signal lateral meniscal tear right knee, disc bulges at L4-5 and L5-S1 with evidence of disc desiccation and facet joint hypertrophy, lateral recess stenosis at L5-S1, disc bulges at L3-4 with evidence of facet joint hypertrophy and lower extremity radiculopathy, and tendinitis of the right shoulder. The patient was reported to have been walking down a short flight of stairs when she reached a platform located at the top of the stairs and she suddenly fell down a drop leading to a lower level. She reported she landed on the right side of her body. The patient is noted to have treated conservatively with therapy and medications, facet joint blocks, and epidural steroid injections of the cervical and lumbar spine, a TENS unit, and chiropractic treatment. The patient is noted on 06/19/2013 to be seen by Dr. [REDACTED] for a neurosurgical re-evaluation. On that date, the patient continued to complain of neck and right upper extremity pain as well as low back pain with radiating pain to the right hip and buttocks. She also had pain radiating into the right lower leg and foot. The patient was noted to have loss of cervical lordosis with tenderness to palpation over the posterior cervical spine and subscapular spasms, and tenderness over the base of the occiput. The patient was noted to have limited range of motion of the cervical spine in all planes and decreased grip strength of the upper extremity with mild paresthesia of her bilateral hands. The patient is noted to have mildly decreased range of motion of the right shoulder which was painful and there was mild crepitation on range of motion. The patient is noted to have a positive Neer and thumbs down test. On neurological exam of the bilateral upper extremities, the patient was noted to have 5/5 strength, 2+/4 reflexes of the biceps, triceps, and brachioradialis, and intact sensation to light touch and pinprick in all dermatomes. The patient was noted to have decreased range of motion of the lumbar spine in all planes with pain. She is

noted to have tenderness to palpation over the lower lumbar spine with evidence of paravertebral muscle spasms. She was reported to have a positive sitting straight leg raise on the left at 30 degrees which exacerbated her pain, a positive crossover leg raise, and a positive sciatic notch tenderness bilaterally. She was unable to perform a normal heel and toe walk. The patient's gait was slightly antalgic. On neurological exam of the bilateral lower extremities, the patient was noted to have no atrophy, 5/5 strength of the bilateral lower extremities, 2+/-4 reflexes at the patella and Achilles, and intact sensation to light touch and pinprick in all dermatomes. The patient neck pain with radiation of pain to her right upper extremity and low back pain with radiating pain to her right hip, buttock, and her right lower leg and foot. The patient is noted to have been prescribed Xanax on an unstated date.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Alprazolam 0.5 MG is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, and the Official Disability Guidelines (ODG).

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee reported an injury on 07/23/2008. The employee is noted to have been treated conservative with physical therapy, chiropractic treatments, acupuncture, medication and cervical and lumbar epidural steroid injections and facet injections. The employee is noted to continue to complain of ongoing cervical pain with radiation of pain to the right upper extremity and low back pain with radiation of pain to the right lower extremity. The employee is noted to have decreased range of motion of the cervical and lumbar spine with pain, tenderness over the posterior central stenosis with subscapular spasms, and tenderness at the base of the occiput. The employee is noted to have decreased grip strength of the upper extremity and report mild paresthesia in both hands and is reported to have decreased range of motion of the lumbar spine with tenderness to palpation over the lower lumbar spine and evidence of paravertebral muscle spasms. The employee had pain on range of motion, and was noted to have a positive left-sided straight leg at about 30 degrees, positive crossover straight leg raise, and there was positive sciatic notch tenderness bilaterally. The employee could not perform a heel and toe walk. The employee is reported to have been prescribed Xanax (alprazolam). The California MTUS Guidelines state that benzodiazepines such as alprazolam are not recommended for long-term use because long-term efficacy is unproven and there is a high risk of dependency. Most Guidelines recommend the use up to 4 weeks. There is no indication as to why the employee was prescribed alprazolam and there is no indication how long the employee has been taking this medication and as such, the need for alprazolam cannot be established and the request for a refill of alprazolam does not meet Guideline recommendations. **The request for Alprazolam 0.5 MG is not medically necessary and appropriate.**

2. Hydrocodone 10/325MG is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, and the Official Disability Guidelines (ODG).

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, page 78. Opioids for chronic pain, pages 80-81, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The employee is noted to have been prescribed hydrocodone for pain. The California MTUS Guidelines state that patients on opioids be evaluated for pain relief, improved function, or improved quality of life and for side effect or aberrant drug taking behaviors. They note that opioid are only recommend for short term treatment for chronic neuropathic pain of chronic low back pain. The employee is noted to be taking hydrocodone for pain, but there is no indication of the employee's current pain levels, or that the pain levels decrease with use of hydrocodone, there is no indication that the employee had been assessed for possible side effects or for aberrant drug taking behaviors, the Guidelines do not recommend the use of opioids on a long-term basis for treatment of neuropathic pain or chronic low back pain. Based on the above, the requested hydrocodone does not meet Guideline recommendations. As such, the request for hydrocodone 10/325 mg is neither medically necessary nor appropriate. **The request for Hydrocodone 10/325MG is not medically necessary and appropriate.**

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.

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