

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	6/7/2001
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0012518

- 1) **MAXIMUS Federal Services, Inc. has determined the request for Lidoderm patch 5% #45 is not medically necessary and appropriate.**
- 2) **MAXIMUS Federal Services, Inc. has determined the request for Promethazine 25mg #135 is not medically necessary and appropriate.**
- 3) **MAXIMUS Federal Services, Inc. has determined the request for Imitrex 50mg #45 is medically necessary and appropriate.**
- 4) **MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #90 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 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 Lidoderm patch 5% #45 is not medically necessary and appropriate.**
- 2) **MAXIMUS Federal Services, Inc. has determined the request for Promethazine 25mg #135 is not medically necessary and appropriate.**
- 3) **MAXIMUS Federal Services, Inc. has determined the request for Imitrex 50mg #45 is medically necessary and appropriate.**
- 4) **MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #90 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 low back pain reportedly associated with an industrial injury of June 7, 2001.

Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work, on total temporary disability.

In a Utilization Review Report of July 17, 2013, the claims administrator denied prescriptions for Lidoderm, Phenergan, and Soma. Norco was certified, while Imitrex was partially certified.

The treating provider apparently appealed on August 9, 2013. It is stated that the applicant is using Lidoderm patches to combat sedation associated with Norco. The attending provider also states that Norco is generating nausea, for which she is prescribing promethazine. It is stated that the applicant has found Imitrex to be useful for her headaches.

An earlier note of June 27, 2013 is notable for comments that the applicant reports unchanged pain of 6/10 with medications, 6-9/10 without medications. The applicant reports limited performance of activities of daily living, including self care, personal hygiene, activity, ambulation, hand function, sleep, and sex. The applicant states that Imitrex is very beneficial. The applicant exhibits tenderness about the lumbar spine. Recommendations are made for the applicant to obtain 45 patches of Lidoderm, 135 pills of Phenergan, 45 pills of Imitrex, 90 pills of Soma, 90 pills of Norco while remaining off of work, on total temporary disability.

#### **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 Lidoderm patch 5% #45:**

##### 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, Lidoderm (lidocaine patch), pgs. 56-57, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidocaine Indication, pg. 112, which is part of the MTUS.

##### Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate Lidoderm is recommended in the treatment of neuropathic pain in those applicants who have tried and failed first-line antidepressants and/or anticonvulsants. In this case, however, there is no evidence of oral antidepressant and/or anticonvulsant failure here. **The request for Lidoderm patch 5% #45 is not medically necessary and appropriate.**

#### **2) Regarding the request for Promethazine 25mg #135:**

##### 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 Official Disability Guidelines (ODG), Pain Chapter, 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).

Rationale for the Decision:

ODG Chronic Pain chapter antiemetics topic does endorse short-term usage of antiemetics to combat opioid-induced nausea for a period of less than four weeks, ODG further states that the presence of longstanding symptoms of nausea and/or vomiting do warrant additional workup to evaluate the etiology of these symptoms. Thus, in this case, the employee is apparently exhibiting symptoms of opioid-induced nausea. While a limited supply of Phenergan or promethazine could have been endorsed to combat the same, the 135-tablet supply proposed by the attending provider cannot be endorsed, as the guidelines do not endorse chronic, long term, and/or protracted usage of promethazine on the order of that suggested by the attending provider. **The request for Promethazine 25mg #135 is not medically necessary and appropriate.**

**3) Regarding the request for Imitrex 50mg #45:**

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 <http://IW\11.1\N. ncb!. nlm. nih.gov/pubmedhealth/PMHT0012260/?report=details>  
Title: Sumatriptan (By mouth).

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 Food and Drugs Administration (FDA), [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2012/020132s024s026lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/020132s024s026lbl.pdf).

Rationale for the Decision:

As noted by the food and drug administration (FDA), Imitrex is indicated in the treatment of acute migraine headaches with or without aura. In this case, the employee is seemingly reporting ongoing issues with migraine headaches. Imitrex has apparently proved effective in treating the same. Continued usage of Imitrex is therefore seemingly indicated. **The request for Imitrex 50mg #45 is medically necessary and appropriate.**

**4) Regarding the request for Soma 350mg #90:**

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, Carisoprodol (Soma), pgs. 29, 91, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), pg. 29, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate chronic or long-term usage of Soma is not recommended. Soma is thought to have hypertension abuse, it is further noted. Soma is not recommended for use in conjunction with other analgesic medications. In this case, the employee appears to be using numerous other analgesic and adjuvant medications. It is further noted that the employee has used Soma chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the employee remains off of work, on total temporary disability, despite ongoing usage of Soma does not make a compelling case for the same and does, furthermore, imply a lack of functional improvement as defined in MTUS. **The request for Soma 350mg #90 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.