

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 10/28/2003
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0012534

- 1) MAXIMUS Federal Services, Inc. has determined the request for **60 Tizanidine 4 mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **120 Hydrocodone BIT/APAP 10/325 mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **60 days rental of IFU unit 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 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. 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 **60 Tizanidine 4 mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **120 Hydrocodone BIT/APAP 10/325 mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **60 days rental of IFU unit 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, neck pain, shoulder pain, hip pain, and depression reportedly associated with industrial injury of October 28, 2013.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychological testing; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of manipulative therapy; and extensive periods of time off of work.

In a utilization report of July 15, 2013, the claims administrator denied prescriptions for tizanidine and hydrocodone. Partial certification of a 30-day interferential stimulator unit was endorsed. Psychological testing was endorsed.

The applicant subsequently appealed.

In an earlier clinical progress note of June 26, 2013, it is noted that the applicant reports ongoing low back pain radiating to bilateral lower extremities. The applicant last worked as an airport officer for the [REDACTED] in November 2007, it is noted. The applicant reports ongoing neck, low back, and bilateral upper extremity pain, it is noted. The applicant remains off of work. He is on Norco, Soma, glucosamine, lidocaine,

menthol, other topical compounds, and Nexium. He is issued refills of both tizanidine and Norco.

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 60 Tizanidine 4 mg:

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 (May 2009), which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 66, which is part of the MTUS.

Rationale for the Decision:

As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine, an antispasmodic, can be prescribed off label for low back pain, although it is FDA approved in the management of spasticity. In this case, however, the employee has used this particular agent chronically. The employee has failed to effect any lasting benefit of functional improvement through prior usage of the same. The fact that the employee remains off of work, on total temporary disability, several years removed from the date of injury, and is using numerous analgesic, adjuvant, and topical compounds implies a lack of functional improvement as defined in MTUS 9792.20f. **The request for 60 Tizanidine 4 mg is not medically necessary and appropriate.**

2) Regarding the request for 120 Hydorcodone BIT/APAP 10/325 mg:

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 (May 2009), which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 80, which is part of the MTUS.

Rationale for the Decision:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected through ongoing usage

of opioids. In this case, there is no evidence that the employee meets any of the aforementioned criteria. The employee has failed to return to work. The recent progress report cited fails to establish any evidence of improved functioning and/or reduction in pain through ongoing usage of opioids or other analgesics. **The request for 12 Hydrocodone BIT/APAP 10/325 mg is not medically necessary and appropriate.**

3) Regarding the request for 60 days rental of IFU unit :

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 (May 2009), which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 120, which is part of the MTUS.

Rationale for the Decision:

It is noted that the utilization reviewer previously partially certified a 30-day trial of said interferential current unit. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential stimulation can be employed if pain is ineffectively controlled with analgesic medications on a one-month trial basis. In this case, the claims administrator did furnish the employee with a one-month trial of said interferential stimulator. There is no support for a lengthier trial in the MTUS. **The request for 60 day rental of IFU unit 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.