

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/19/2013
Date of Injury: 4/4/1985
IMR Application Received: 8/22/2013
MAXIMUS Case Number: CM13-0015254

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Diazepam 10 mg #30 with one refill is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Zanaflex 2 mg #30 with one refill is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Topamax 100 mg #120 with one refill is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/22/2013 disputing the Utilization Review Denial dated 8/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **Diazepam 10 mg #30 with one refill** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Zanaflex 2 mg #30 with one refill** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Topamax 100 mg #120 with one refill** 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 , has a subspecialty in Rheumatology 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 66 year old female with date of injury 4/4/85. The mechanism of injury is not stated. Radiologic studies were not apparent in the available medical records. Provider notes reviewed from 11/2012 through 10/2013 indicated that the patient complained of chronic low back pain. No surgeries were reported in the provider notes. Treatments tried thus far have included medications, physical therapy and activity modifications, not specified. The objective was bilateral positive lower extremity straight leg raise testing, bilateral lumbar paraspinal musculature spasms, lumbar spine tenderness to palpation, decreased range of motion of the right hip (not specified whether active or passive range of motion, or both), normal motor strength, normal sensory exam. The diagnoses was degenerative joint disease of the lumbar spine and lumbar spine radiculopathy. The treatment plan and request were Diazepam, Zanaflex, Topamax.

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 Diazepam 10 mg #30 with one refill:

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 which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Medication Section, pages 24,60 and the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 287 which is part of the MTUS.

Rationale for the Decision:

The 66 year old employee has reported chronic low back pain. The employee has been diagnosed with degenerative joint disease of the lumbar spine and lumbar spine radiculopathy. Treatment has included physical therapy, activity modification and medications. The employee has been treated with diazepam since 11/2012 per the available medical records, a duration of 9 months at the time of the current medical request. Per the MTUS guidelines cited above, the long term efficacy of diazepam for chronic pain is unproven and its use is recommended for short term (2-4 weeks) only. There is also a high risk of dependence with chronic use. Chronic benzodiazepine use is recommended in very few conditions and is not recommended for use in chronic lower back pain as is the case in this employee. **The request for Diazepam 10 mg #30 with one refill is not medically necessary and appropriate.**

2) Regarding the request for Zanaflex 2 mg #30 with one refill:

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 which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants for Pain Section, pages 63, 66 and the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 287 which is part of the MTUS.

Rationale for the Decision:

The 66 year old employee has reported chronic low back pain. The employee has been diagnosed with degenerative joint disease of the lumbar spine and lumbar radiculopathy. Medical records provided for review indicate treatment has included physical therapy, activity modification and medications. The employee has been treated with Zanaflex since 12/2012, a duration of 8 months at the time of the current medical request. Per the MTUS guidelines cited above, Zanaflex is indicated as a second line agent only for short term use (2-4 weeks) for treatment of an acute exacerbation of chronic lower back pain. There has been no proven benefit beyond the use of NSAIDs for pain relief with this agent

nor an improvement in overall function. In this employee, there is no documentation or evidence that the employee is having an acute or chronic flare of lower back pain and no documentation noting evidence of failure of a first line therapy. Additionally, use of Zanaflex has been for a duration of at least 8 months, exceeding the recommended use of 2-4 week maximum period. **The request for Zanaflex 2 mg #30 with one refill is not medically necessary and appropriate.**

3) Regarding the request for Topamax 100 mg #120 with one refill:

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 which is part of the MTUS.

The Expert Reviewer based his/her decision on the the Chronic Pain Medical Treatment Guidelines, Anti-Epileptic Drugs Section, pages 16-17 and the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 287 which is part of the MTUS

Rationale for the Decision:

The 66 year old employee has reported chronic low back pain. The employee has been diagnosed with degenerative joint disease of the lumbar spine and lumbar radiculopathy. Medical records provided for review indicate treatment has included physical therapy, activity modification and medications. The employee has been treated with Topamax since 11/2012, a duration of 9 months at the time of the current medical request. Per the MTUS guidelines cited above, Topamax is approved for use in neuropathic pain when there has been a failed trial of other anticonvulsants. There is no available evidence for its use in chronic low back pain. Additionally, there is no documentation indicating failure of a trial of a different anticonvulsant in this employee. **The request for Topamax 100 mg #120 with one refill 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

/jr

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.