

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/15/2013  
Date of Injury: 10/28/2001  
IMR Application Received: 8/23/2013  
MAXIMUS Case Number: CM13-0015705

- 1) MAXIMUS Federal Services, Inc. has determined the request for tizanidine HCl 4 mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acetaminophen/codeine 300/30 mg #60 **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 8/15/2013. 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 tizanidine HCl 4 mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acetaminophen/codeine 300/30 mg #60 **is 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 male patient who sustained a work injury on October 28, 2001. Documentation provided is limited with notes ranging from June 2012 to October 2013. No history in documentation provide on how the patient sustained his work injury. Diagnoses relevant to this case include lumbar spine disc protrusion with left lower extremity radiculopathy and osteoarthritis to right shoulder with AC joint degenerative disease. Per notes, the patient has been on long term use of tizanidine and Tylenol #3. An evaluation on September 6, 2013 documents the medications help control his pain and help him with function of his activities. There are no side effects noted. However, even on medication, the patient does experience chronic pain, stiffness, tightnes of the lumbar spine and right shoulder as well as left lower extremity numbness and tingling with radiation to the foot.

### **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 tizanidine HCl 4 mg #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 Chronic Pain Medical Treatment Guidelines, pages 63 and 66, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 63-64 and 66, which are a part of the MTUS.

Rationale for the Decision:

There is no documentation in the records provided for review of this employee experiencing spasticity in the lower back. The chronic pain guidelines specifically state that tizanidine is FDA-approved for management of spasticity.

Furthermore, the guidelines indicate that muscle relaxants are recommended for short-term treatment of exacerbations of pain and in most cases show no benefit beyond NSAID use. **The request for tizanidine Hcl 4mg #60 is not medically necessary and appropriate.**

**2) Regarding the request for acetaminophen/codeine 300/30 mg #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 MTUS guidelines for short-acting opioids.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 78, 80-81 and 92, which are a part of the MTUS.

Rationale for the Decision:

According to the medical records submitted for review, there is evidence that the employee does get some benefit from use of acetaminophen/codeine (Tylenol #3). It is documented that the employee is able to function and the pain is controlled with use of Tylenol #3. Per the MTUS criteria, opioids are efficacious for short-term use and long-term use is unclear. In addition, the guidelines do state that failure to respond to opioids should be a cause of reassessment of its use. However, the employee's use of this medication has provided some functionality per the evaluating physician. **The request for acetaminophen/codeine 300 is 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

/dso

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.