
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/6/2013
Date of Injury: 8/11/2006
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0015754

Dear [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]
/MCC

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 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 applicant is a represented former [REDACTED] employee who has filed a claim for chronic low back pain and carpal tunnel syndrome reportedly associated with an industrial injury of August 11, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; prior carpal tunnel release surgery; prior trigger finger release surgery; adjuvant medications; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 6, 2013, the claims administrator certified medications for Motrin and Prilosec, partially certified a prescription for Norco, denied a prescription for Zanaflex, denied a prescription for Neurontin, and denied a prescription for Ambien. The applicant's attorney later appealed on August 19, 2013. An earlier note of June 11, 2013 is notable for comments that the applicant is status post bilateral carpal tunnel release surgery. She still has complaints of pain but no numbness about the digits anymore. She also reports low back pain radiating down the left leg. Limited range of motion is appreciated about the lumbar spine. The applicant is issued numerous medication refills. An earlier note of May 1, 2013 is highly templated, largely unchanged, and again notable for comments that the applicant receives multiple medication refills and remains off of work, on total temporary disability. A later note of September 12, 2013 is again highly templated, largely unchanged in terms of history and physical findings, and again notable for comments that the applicant receives numerous medication refills and is asked to pursue chiropractic manipulative therapy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Norco 10/325 #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Opioids for Chronic Pain, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain. In this case, there is no evidence that any of the aforementioned criteria were met. The employee remains off of work, on total temporary disability, several years removed from the date of injury. There is no evidence of improved functioning or reduced pain. The progress notes provided for review are highly templated and do not vary from visit to visit. **The request for Norco 10/325 #60 is not medically necessary and appropriate.**

2. Zanaflex 4 mg #60 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines does endorse off-label usage of tizanidine for low back pain. However, according to the medical records provided for review, the employee has used this agent chronically and failed to derive any lasting benefit or functional improvement through prior usage. The fact that the employee remains off of work on total temporary disability implies a lack of functional improvement through prior usage of tizanidine. **The request for Zanaflex 4mg #60mg is not medically necessary and appropriate.**

3. Neurontin 300 mg #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines section on Gabapentin, pages 18-19 which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 19 of the MTUS Chronic Pain Guidelines, the recommended trial period for Neurontin is three to eight weeks for titration of one to two weeks at maximum tolerated dosage. According to the medical records provided for review, the employee has used this agent for much longer than that and it has failed to effect any lasting improvement as defined in section 9792.20f. **The request for Neurontin 300mg #90 is not medically necessary and appropriate.**

4. Ambien 10 mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Pain Chapter, which is not part of the MTUS.

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines, Chronic Pain Chapter.

The Physician Reviewer's decision rationale:

As noted in the Official Disability Guidelines Chronic Pain Chapter section on Zolpidem, Ambien is a prescription anxiolytic which is approved for the short-term of insomnia, typically on the order of two to six weeks. It is not recommended in the twice nightly, long-term, scheduled usage such that proposed by the attending provider in the medical records submitted for review. Therefore, the original utilization review decision is upheld. **The request for Ambien 10mg #60 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.

[REDACTED]

CM13-0015754