

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: 8/16/2013
Date of Injury: 3/6/2003
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0015822

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 10/325mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine 4mg is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one injection of 1cc 1% Xylocaine and Toradol to the left gluteus medius is not 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 8/16/2013. 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 **Hydrocodone 10/325mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine 4mg is not medically necessary and appropriate.**
- 1) MAXIMUS Federal Services, Inc. has determined the request for **one injection of 1cc 1% Xylocaine and Toradol to the left gluteus medius 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 57 year old male with a date of injury of 3/6/2003. A UR determination dated 8/16/2013 recommends modified certification for hydrocodone 10/325 #45 between 7/30/13 and 10/14/13, and non-certification for omeprazole, Tizanadine, and xylocaine/toradol injection. Hydrocodone is non-certified due to lack of documentation of subjective and/or functional evidence or improved quality of life. Omeprazole was non-certified due to lack of documentation of GI complaints or evidence that the patient is at high risk for GI events. Tizanadine was non-certified due to no guidelines support for long term use of muscle relaxants. Toradol was non-certified as guidelines state that it is not indicated for minor or chronic painful conditions. A progress note dated 7/30/2013 includes a treatment plan stating "under sterile conditions the patient was given 1 cc of 1% xylocaine with the cement milligrams of Toradol to the left gluteus medius." The most recent progress report available for review is by [REDACTED], PAC on 9/10/2013. Subjective complaints state, "patient receive his first cervical spine epidural injection on July 24, 2013 that continues to reduce his neck pain by 60%, has also decreased headaches and decreased bilateral upper extremity radiculopathy symptoms." Physical examination identifies tenderness in the lumbar spine with negative straight leg raise and normal strength. Treatment plan recommends continuing omeprazole, hydrocodone, and Tizanadine.

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 Hydrocodone 10/325mg:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009), Opioids, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Opioids, pgs. 76-80, 91, which is part of the MTUS and the Official Disability Guidelines (ODG), Chronic Pain, Hydrocodone, which is not a part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that if opiates are to be used for the treatment of painful conditions that the requesting physician document analgesic effect, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. Additionally, guidelines recommend discontinuing opiates if there is no "overall improvement in function." According to the medical records provided for review, none of these have been documented. **The request for Hydrocodone 10/325mg is not medically necessary and appropriate.**

2) Regarding the request for Omeprazole 20mg:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Proton Pump Inhibitors, pgs. 68-69, which is a part of the MTUS.

Rationale for the Decision:

A review of the records provided indicates that there is no indication that the employee is experiencing GI complaints or that the employee is at high risk for a gastrointestinal event. In the absence of such documentation, **the request for Omeprazole 20mg is not medically necessary and appropriate.**

3) Regarding the request for Tizanidine 4mg:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009), Tizanidine. And the American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, Neck & Upper Back, which are a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, pg. 66, which is a part of the MTUS. And the Official Disability Guidelines (ODG) Chronic Pain, Tizanidine, which is not a part of the MTUS.

Rationale for the Decision:

A review of the records provided indicates within the documentation there is no indication that the Tizanidine is being prescribed for short-term treatment of an acute exacerbation in a patient with chronic lipopolysaccharide binding protein (LBP), as recommended by the guidelines. **The request for Tizanidine 4mg is not medically necessary and appropriate.**

4) Regarding the request for one injection of 1cc 1% Xylocaine and Toradol to the left gluteus medius:

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 California Chronic Pain Medical Treatment Guidelines (May 2009), which is part of the MTUS. And the Official Disability Guidelines (ODG), Chronic Pain, which is not a part of the (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines 68-69 and 72, NSAIDs, which is a part of the MTUS and the Official Disability Guidelines (ODG) Chronic Pain, which is not a part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines state that this medication is not indicated for minor or chronic painful conditions. A review of the records provided indicates there is no indication that the toradol injection was being used to treat a moderate to severe exacerbation of pain. **The request for one injection of 1cc 1% Xylocaine and Toradol to the left gluteus medius 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

/mg

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.