

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/14/2013
Date of Injury:	12/16/2003
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0016692

- 1) MAXIMUS Federal Services, Inc. has determined the request for Methadone HCL 5 mg tab **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 100 mg cap **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 10 mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Aciphex 20 mg delay release **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Morphine Sulfate 15 mg tab **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/14/2013. 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 Methadone HCL 5 mg tab **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 100 mg cap **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 10 mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Aciphex 20 mg delay release **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Morphine Sulfate 15 mg tab **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 Maryland. 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 41 year old male with chronic lower back pain and right hip pain. Date of injury was 12/16/03. An MRI of the right hip date 03/2005 showed a partial right hip replacement. The patient underwent arthroscopic right hip surgery times 2. An MRI of the lumbar spine revealed mild degenerative joint disease from L4-S1. The requesting provider's medical reports from 4/4/13 – 8/7/13 stated that the patient continued to complain of right hip and lower back pain. There were no clearly detailed objective findings documented. There were significant side effects from opiate use documented in the provider's note dated 3/27/13 which noted no functional improvement and significant anxiety and depression. Diagnosis: right hip chronic pain and lumbar spine degenerative joint disease. Treatment plan and request: Methadone, Lyrica, Cyclobenzaprine, Aciphex and Morphine Sulfate.

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 Methadone HCL 5 mg tab:

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.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section - Opioids: pages 76-85, 88-89, which are part of the MTUS.

Rationale for the Decision:

The employee has reported chronic right hip and lower back pain and has been diagnosed with degenerative joint disease of the lumbar spine and chronic right hip pain. The available medical records show treatment of the right hip and back pain with Methadone, Morphine, Lyrica, Cyclobenzaprine and Aciphex. No treating physician reports adequately address the specific indications for ongoing use of opiates. Specifically, there is no documented measure of the employee's function, employee's goals or appropriate medication use. Per MTUS guidelines, there is no evidence that opioids showed long term benefit or improvement in function when used as a treatment for chronic joint pain or for chronic lower back pain. **The request for Methadone HCL 5mg tab is not medically necessary and appropriate.**

2) Regarding the request for Lyrica 100 mg cap:

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.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 19-20, which are part of the MTUS.

Rationale for the Decision:

The employee has reported chronic right hip and lower back pain and has been diagnosed with degenerative joint disease of the lumbar spine and chronic right hip pain. The available medical records show treatment of the right hip and back pain with Methadone, Morphine, Lyrica, Cyclobenzaprine and Aciphex. No treating physician reports adequately discuss conditions supporting the need for Lyrica based on the current MTUS guidelines. Specifically, there is no

documentation of post herpetic neuralgia or diabetic neuropathy, conditions for which the MTUS guidelines do recommend treatment with Lyrica. **The request for Lyrica 100 mg cap is not medically necessary and appropriate.**

3) Regarding the request for Cyclobenzaprine 10 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 MTUS guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 41-42, which are part of the MTUS.

Rationale for the Decision:

The employee has reported chronic right hip and lower back pain and has been diagnosed with degenerative joint disease of the lumbar spine and chronic right hip pain. The available medical records show treatment of the right hip and back pain with Methadone, Morphine, Lyrica, Cyclobenzaprine and Aciphex. No treating physician reports adequately discuss conditions (the objective documentation of ongoing muscle spasms) supporting the need for treatment with Cyclobenzaprine. Furthermore, the long term use of Cyclobenzaprine (greater than 2-3 weeks) is not supported by the MTUS guidelines for use in chronic back and joint pain. **The request for Cyclobenzaprine 10 mg is not medically necessary and appropriate.**

4) Regarding the request for Aciphex 20 mg delay release:

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.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 68-69, which are part of the MTUS.

Rationale for the Decision:

The employee has reported chronic right hip and lower back pain and has been diagnosed with degenerative joint disease of the lumbar spine and chronic right hip pain. The available medical records show treatment of the right hip and back pain with Methadone, Morphine, Lyrica, Cyclobenzaprine and Aciphex. The medical records do not discuss the specific signs and symptoms of any gastrointestinal conditions or the specific risk factors indicating a need for a proton pump inhibitor. Furthermore, per MTUS guidelines, if a proton pump inhibitor is used, omeprazole or lansoprazole 24 hour release are recommended as first line agents. Aciphex should be used as a second line agent. The medical records also do not indicate that a trial with a first line agent has taken place. **The request for Aciphex 20 mg delay release is not medically necessary and appropriate.**

5) Regarding the request for Morphine Sulfate 15 mg tab:

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.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 76-85, 88-89, which are part of the MTUS.

Rationale for the Decision:

The employee has reported chronic right hip and lower back pain and has been diagnosed with degenerative joint disease of the lumbar spine and chronic right hip pain. The available medical records show treatment of the right hip and back pain with Methadone, Morphine, Lyrica, Cyclobenzaprine and Aciphex. No treating physician reports adequately address the specific indications for ongoing use of opiates. Specifically, there is no documented measure of the employee's function, employee's goals or appropriate medication use. Per MTUS guidelines, there is no evidence that opioids showed long term benefit or improvement in function when used as a treatment for chronic joint pain or for chronic lower back pain. **The request for Morphine Sulfate 15 mg tab 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

/hs

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.