

**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:	7/29/2013
Date of Injury:	2/8/2002
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017804

- 1) **MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #75 is not medically necessary and appropriate.**
- 2) **MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 2mg #90 is not medically necessary and appropriate.**
- 3) **MAXIMUS Federal Services, Inc. has determined the request for Voltaren gel 2g #1 is not medically necessary and appropriate.**
- 4) **MAXIMUS Federal Services, Inc. has determined the request for Opana ER 20mg #60 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 7/29/2013. 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 **Norco 10/325mg #75 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine 2mg #90 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Voltaren gel 2g #1 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Opana ER 20mg #60 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 Family Practice, has a subspecialty in Preventive 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:**

The claimant suffered an injury on February 8, 2002 and has long standing history of COPD, pulmonary embolism, chronic pain syndrome, shoulder pain, hypertension, sleep apnea, gastroesophageal reflux disease (GERD) and osteoarthritis. A progress note on July 18, 2013 indicated the claimant was on the following medications at issue. Opana was used instead of Nucynta due to excessive sedation. Norco was prescribed for breakthrough pain, tizanidine was used for muscle spasms and Voltaren gel for pain. A urine drug screen at the visit was unremarkable and consistent with prescribed medications. Similar medications and their indications were noted in a progress note on September 13, 2012. At the time, the pain was 5-6/10 while at rest and using medications. The pain was 10/10 with activity despite use of medications. This assessment was consistent on progress notes ending on July 18, 2013.

## **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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for Norco 10/325mg #75:**

#### 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, Opioids, criteria for use, page 78, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pages 80-86, which are part of the MTUS.

#### Rationale for the Decision:

Norco is a short-acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated as first line therapy for neuropathic pain and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended on a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the records submitted for review show that the employee has been on Norco for a year with no improvement in pain scale. **The request for Norco 10/325mg #75 is not medically necessary and appropriate.**

### **2) Regarding the request for Tizanidine 2mg #90:**

#### 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, Muscle Relaxants, page 64, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, pages 63 and 66, which are part of the MTUS.

#### Rationale for the Decision:

According to the MTUS guidelines, tizanidine is a muscle relaxant and has demonstrated efficacy for back pain. Muscle relaxants are a second line treatment for exacerbations of back pain. They show no benefit over NSAIDs. Their efficacy reduces over time. In this case, the records provided for review indicate that tizanidine has been used for over a year. There is no clear improvement in pain scales. Furthermore, the employee is already on an NSAID

and an opioid. **The request for Tizanidine 2mg #90 is not medically necessary and appropriate.**

**3) Regarding the request for Voltaren gel 2g #1:**

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, Topical Analgesics, pages 111-112, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 67-69, which are a part of MTUS.

Rationale for the Decision:

NSAIDs such as Voltaren are indicated for short-term use for pain relief of chronic back pain and osteoarthritis. According to the guidelines cited above, they can also increase blood pressure in hypertensive patients. In this case, the employee has been on NSAIDs for over a year and has not shown significant benefit in pain scales, according to the clinical notes provided for review. There is also no indication as to the renal response to this medication. **The request for Voltaren gel 2g #1 is not medically necessary and appropriate.**

**4) Regarding the request for Opana ER 20mg #60:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pages 78-86

Rationale for the Decision:

Opana is oxymorphone (an extended release opioid) used for moderate to severe pain. According to the MTUS guidelines it is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long term-use has not been supported by any trials. A multidisciplinary consultation should be considered if pain does not improve in three months. Opioids are to be continued if the employee has returned to work or has functional and pain improvement. In this case, the employee and the supporting documentation provided for review have not met any of the guidelines. **The request for Opana ER 20mg #60 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/dso

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