MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **12/12/2013**

Employee:	
Claim Number:	
Date of UR Decision:	8/23/2013
Date of Injury:	9/29/2010
IMR Application Received:	9/5/2013
MAXIMUS Case Number:	CM13-0019487

1) MAXIMUS Federal Services, Inc. has determined the request for **Xanax 1mg #30 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Methadone 10mg is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency ablation (RFA) of the lumbar facet medial branch nerves at 3 levels, bilaterally is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/5/2013 disputing the Utilization Review Denial dated 8/23/2013. 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 **Xanax 1mg #30** is not **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Methadone 10mg** is **medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency ablation (RFA) of the lumbar facet medial branch nerves at 3 levels, bilaterally** is notis 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 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 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 applicant is a 48-year-old who has filed a claim for chronic low back, right thigh, and right hip pain, reportedly associated with an industrial injury of September 29, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; prior cervical fusion surgery; prior left shoulder subacromial decompression surgery and distal clavicle resection surgery; psychotropic medications; anxiolytic medications; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of August 23, 2013, the claims administrator denied prescriptions for Xanax, methadone, and radiofrequency ablation procedures.

In an earlier note of August 8, 2013, the applicant reports low back pain radiating into the right buttock, hip, and thigh, scored anywhere from 7-10/10. The applicant has had lumbar medial branch blocks and reports feeling 70-90% relief. The blocks only provided two days of relief, it is stated. The applicant is on Norco, methadone, morphine, Xanax, hydrochlorothiazide, Robaxin, Tricor, and tramadol. The applicant exhibits normal lumbar flexion. It is stated in one section of the report that the applicant's extension is limited, and full and normal in another section of the report. 5/5 lower extremity strength is noted. The applicant is given refills of Xanax, Norco, and methadone. Radiofrequency ablation and medial branch neurotomy are sought.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - ☒Claims Administrator
  - ☐Employee/Employee Representative
  - ☐Provider

1) **Regarding the request for Xanax 1mg #30:**

   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 (2009), which is part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg. 24, which is part of the MTUS.

   Rationale for the Decision:
   As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines, such as Xanax, are not recommended for long-term or chronic use purposes as tolerance is thought to develop within weeks. Most guidelines limit usage of benzodiazepines to four weeks. In this case, the employee has seemingly used the benzodiazepine in question, Xanax, chronically. A prior medical progress note of June 4, 2013, is notable for comments that the employee was using Xanax on that date. Long-term usage of benzodiazepines as proposed by the attending provider is not indicated here. Therefore, the request is non-certified. **The request for Xanax 1mg #30 is not medically necessary and appropriate.**

2) **Regarding the request for Methadone 10mg:**

   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 (2009), which is part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Methadone, pg. 62, which is part of the MTUS.

   Rationale for the Decision:
   As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second-line drug for moderate-to-severe pain if the potential benefits outweigh the risks. The employee was described on a prior

visit of June 4, 2013, as exhibiting inadequate analgesia with Norco usage. The employee was using up to 12 tablets of Norco, it was suggested. Introduction of methadone as a second-line agent for severe pain apparently led to reduction of Norco usage and led to the employee only taking three to four tablets of Norco as of August 8, 2013. Employing methadone for moderate-to-severe pain is indicated, particularly in light of the failure of monotherapy with Norco. **The request for Methadone 10mg is medically necessary and appropriate.**

3) **Regarding the request for radiofrequency ablation (RFA) of the lumbar facet medial branch nerves at 3 levels, bilaterally:**

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, pgs. 300-301, which is part of the MTUS, and the Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, Table 12-8, which is part of the MTUS, and American College of Occupational and Environmental Medicine (ACOEM), V.3, Low Back, Table 2, Summary of Recommendations by Low Back Disorder, which is not part of the MTUS.

Rationale for the Decision:

The MTUS-adopted ACOEM Guidelines in Chapter 12 state that facet joint injections are "not recommended" and are of "questionable merit." ACOEM further notes that facet neurotomies and/or radiofrequency ablation procedures, as being proposed here, should be performed only after appropriate diagnostic investigations involving medial branch blocks. In this case, however, the employee has had prior investigational, diagnostic medial branch blocks. There was no evidence of functional improvement effected through prior medial branch blocks. The employee only achieved two days of pain relief through such medial branch blocks. There was no evidence that the employee demonstrated any functional improvement as defined in Section 9792.20(f) following the prior diagnostic medial branch blocks. The employee failed to effect any return to work. The employee continues to use numerous analgesic and adjuvant medications, implying a lack of functional improvement with the prior diagnostic medial branch block. It is further noted that the employee does have radicular symptoms with low back pain radiating into the right leg described on the most recent August 8, 2013, office visit. As noted in the Third Edition ACOEM Guidelines, diagnostic facet joint injections, therapeutic facet joint injections, and radiofrequency neurotomy procedures are "not recommended" for any radicular pain syndrome, as is present here. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review. **The request for radiofrequency ablation (RFA) of the lumbar facet medial branch nerves at 3 levels, bilaterally 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

/ldh

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.