

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/22/2013
Date of Injury: 1/4/2011
IMR Application Received: 9/3/2013
MAXIMUS Case Number: CM13-0019813

- 1) MAXIMUS Federal Services, Inc. has determined the request for **refill Soma 350 #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin Ex 7/5/500 #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin 300#90 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/22/2013. 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 **refill Soma 350 #60** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin Ex 7/5/500 #60** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin 300#90** 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 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:

This injured worker's original date of injury is 1/4/11. She tripped on a safety mat and struck her right shoulder on falling. She has ongoing pain with her low back, right knee, and right ankle. On exam she exhibited tenderness on palpation on his right shoulder and a restricted ROM as well. She had an MRI of her right shoulder on March 29, 2011, which showed a partial thickness tear of the supraspinatus tendon. The MRI of the foot showed osteoarthritis desicans. Right ankle fusion surgery, right shoulder arthroscopy and rotator cuff repairs have been requested. Her diagnoses include; cervical spine strain, hand numbness, right shoulder impingement with partial thickness supraspinatus tear, and right ankle osteochondritis desicans.

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 the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for refill Soma 350 #60 :

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, Carisoprodol (Soma), which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 65, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines do not recommend Soma (Carisoprodol) for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. Withdrawal symptoms may occur with abrupt discontinuation. In this case, the medical records provided for review indicate the employee suffers from chronic pain. Muscle relaxers in general are not recommended for this clinical problem. Muscle relaxers are found to be beneficial for the short term management (2 to 3 weeks) of muscular spasm. **The request for refill Soma 350 #60 is not medically necessary and appropriate.**

2) Regarding the request for Vicodin Ex 7/5/500 #60 :

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, Criteria for Use of Opioids, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids for Chronic Pain, pages 80-82, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines indicate opioids can cause addiction, tolerance, and withdrawal on attempting to wean from them. Clinicians must use the lowest effective dose and look for signs of complications. A significant number of chronic pain patients taking long term opioids exhibit signs of drug abuse. There is some evidence for effectiveness when used for a short period of time. At the present time, there is little evidence of effectiveness in the long term management of osteoarthritic or musculoskeletal pain. Hydrocodone (Vicodin) is an opioid. The medical records reviewed provide evidence that the employee suffers from chronic neck, shoulder, back and foot pain. However, there is lack of documentation in the medical records indicating the benefit for the continued use of vicodin in the care of this employee. **The request for Vicodin Ex 7/5/500 #60 is not medically necessary and appropriate.**

3) Regarding the request for Neurontin 300#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, Gabapentin (Neurotin), which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs), pages 16-18, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines indicate Neurontin (gabapentin) as a first-line therapy for painful polyneuropathy. The other first-line options are a tri-cyclic antidepressant (if tolerated by the patient), or a SNRI antidepressant. Neurontin (gabapentin) is an anti-epilepsy drug useful for the management of neuropathic pain. In this case, based on the medical records reviewed, there is no evidence that this employee suffers from neuropathic pain and Neurontin is not indicated for axial low back pain. **The request for Neurontin 300 #90 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.