
Notice of Independent Medical Review Determination

Dated: 9/12/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 11/26/2001
IMR Application Received: 7/15/2013
MAXIMUS Case Number: CM13-0001354

- 1) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Pepcid **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Valium (diazepam) 10mg, #60, 1-2 q 6-8h **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Fexmid (cyclobenzaprine HCL) 7.5mg #60, 1 q 8h prn **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Lortab (hydrocodone/BIT/ACET) #60, 1-2 q 4-6h **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Norco (hydrocodone/APAP) 10/325mg #60, 1-2 q 4-6h **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Ointment (unspecified) **is not medically necessary and appropriate.**

- 7) MAXIMUS Federal Services, Inc. has determined the request for pain management re-evaluation for possible lumbar epidural steroid injection **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for a scooter replacement **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 a prescription of Pepcid **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Valium (diazepam) 10mg, #60, 1-2 q 6-8h **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Fexmid (cyclobenzaprine HCL) 7.5mg #60, 1 q 8h prn **is not medically necessary and appropriate.**
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- 6) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Ointment (unspecified) **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for pain management re-evaluation for possible lumbar epidural steroid injection **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for a scooter replacement **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, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

“A review of medical documentation identifies that the patient sustained an industrial injury on 11/26/01. The injury occurred when employee stated someone was stuck in the elevator of the building and she therefore was walking down the stairs to deliver mail. She states that as she was walking down the stairs, she slipped and fell, she tried to break her fall by holding onto the rail, but she injured her left elbow, left knee and low back.

“The patient has been under the care of treating physician for internal derangement of the knee, NOS, sprain/strain, neck strain, and lumbar sacral sprain. The treating physician references an electrodiagnostic study for the lower extremities on February 2013 with findings of left L4-5 active radiculopathy. The treating physician makes reference to an MRI of the lumbar spine with an unknown date, which revealed a 2-3mm disc bulge at L2-3, a 5 mm disc bulge and mild right facet hypertrophy with mild right neural foraminal narrowing at L3-4, a 4 mm disc bulge with severe bilateral facet hypertrophy and bilateral facet joint effusions and moderate central canal narrowing and mild neural foraminal narrowing at L4-5 and a 2-3 mm disc bulge with a high intensity zone notes in the posterior aspect of the disc in the axial plane at L5-S1 with right-sided mild central canal narrowing. Actual report was not provided for review.

“The most recent evaluation provided for review is 6/17/13. The patient presented with reports that the analgesic cream containing gabapentin and cyclobenzaprine was helpful when applied due to the radiating pain in the left lower extremity. She states that the Medrox patch did not adhere well to her skin. The patient rates her pain as very severe, always ranging between 8-9/10. The pain continues to radiate into the left buttock and left lower extremity extending all the way down to the toes with constant numbness in the left third, fourth, and fifth toes. The patient states that the pain is present throughout the day and through out the night and is aggravated by prolonged sitting, walking, and any attempt to change her position. She states that even cold air on the lower extremity will intensify the radicular pain in particular. As a result, she tries to stay in warm areas and wears clothing according to keep the area is covered. She has been having great difficulty sleeping recently. Physical exam demonstrates the patient shifts her position frequently during the discussion and each time she did, she grimaced with pain and grabbed her left buttock and left thigh areas. The patient also has decreased sensation in the L4 and L5 dermatomes. There is also some decreased sensation in parts of the S1 dermatome.”

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 for Independent Medical Review (received 7/15/13)
- Utilization Review Determination (dated 7/1/13)
- Chronic Pain Medical Treatment Guidelines (2009), pg. 24 Benzodiazepines
- Chronic Pain Medical Treatment Guidelines (2009), p. 63-66, Muscle relaxants (for pain)

- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, Initial Approaches to Treatment, Muscle Relaxants, pg 47 (pg 34 from the attached information provided)
- Chronic Pain Medical Treatment Guidelines (2009), p.76-80 Criteria for use of Opioids
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, Initial approaches to treatment, Opioids pages 47-48 (pg 34 from the attached information provided)
- Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pg 111-113
- Chronic Pain Medical Treatment Guidelines (2009), Page 99, Power mobility devices (PMDs) (pg 89 from the attached information provided)
- Medical records requested were not timely submitted for this review

1) Regarding the request for a prescription of Pepcid:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on www.drugs.com - Pepcid, which is a nationally-recognized professional standard not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, NSAIDs section, GI symptoms & cardiovascular risk, pages 68-69, which is part of the MTUS to be applicable and relevant to the issue at dispute.

Rationale for the Decision:

Requested medical records were not timely submitted for this review. The Utilization Review (UR) clinical summary indicated the employee injured the left elbow, left knee, and low back in a slip and fall accident on 11/26/2011. The UR indicates treatment has included: MRI of the lumbar spine, pain medication, electrodiagnostic studies, Medrox patches, and was authorized for epidural steroid injections. A medical report reviewed in the UR, dated 6/17/2013 indicated that the employee continued to express severe pain to the left lower extremity and lower back. A request was submitted for Pepcid, Valium 10mg # 60, Fexmid 7.5mg # 60, Lortab # 60, Norco 10/325 mg # 60, Ointment (unspecified), pain management re-evaluation, and scooter replacement.

Pepcid is an H-2 receptor antagonist recommended for the treatment of dyspepsia. The MTUS Chronic pain guidelines recommend utilizing an H-2 receptor antagonist for dyspepsia secondary to NSAID therapy. The UR does not document the employee is at risk for gastrointestinal events to justify the need for the requested medication. The request for Pepcid is not medically necessary and appropriate.

2) Regarding the request for a prescription of Valium (diazepam) 10mg, #60, 1-2 q 6-8h:

Medical Treatment Guideline(s) 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), page 24, Benzodiazepines, part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

Requested medical records were not timely submitted for this review. The Utilization Review (UR) clinical summary indicated the employee injured the left elbow, left knee, and low back in a slip and fall accident on 11/26/2011. The UR indicates treatment has included: MRI of the lumbar spine, pain medication, electrodiagnostic studies, Medrox patches, and was authorized for epidural steroid injections. A medical report reviewed in the UR, dated 6/17/2013 indicated that the employee continued to express severe pain to the left lower extremity and lower back. A request was submitted for Pepcid, Valium 10mg # 60, Fexmid 7.5mg # 60, Lortab # 60, Norco 10/325 mg # 60, Ointment (unspecified), pain management re-evaluation, and scooter replacement.

The MTUS Chronic Pain Guidelines do not support the use of benzodiazepines for more than four weeks because of concerns for dependence. No requested records were timely submitted for this review and the UR does not document previous use or rationale for the request. The request for Valium (diazepam) 10mg #60 is not medically necessary and appropriate.

3) Regarding the request for a prescription for Fexmid (cyclobenzaprine HCL) 7.5mg #60, 1 q 8h prn:

Medical Treatment Guideline(s) 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), p. 63-66, Muscle relaxants (for pain), part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

Requested medical records were not timely submitted for this review. The Utilization Review (UR) clinical summary indicated the employee injured the left elbow, left knee, and low back in a slip and fall accident on 11/26/2011. The UR indicates treatment has included: MRI of the lumbar spine, pain medication,

electrodiagnostic studies, Medrox patches, and was authorized for epidural steroid injections. A medical report reviewed in the UR, dated 6/17/2013 indicated that the employee continued to express severe pain to the left lower extremity and lower back. A request was submitted for Pepcid, Valium 10mg # 60, Fexmid 7.5mg # 60, Lortab # 60, Norco 10/325 mg # 60, Ointment (unspecified), pain management re-evaluation, and scooter replacement.

The MTUS Chronic Pain Guidelines indicate that cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. The UR fails to document a rationale for requesting the medication. There is no medical report from the treating physician to justify the frequency and duration of Fexmid (cyclobenzaprine) and there is no evidence to dispute the UR assumption that the employee has been on Fexmid (Cyclobenzaprine) long-term. The provider did not provide clinical documentation that the employee would benefit from the utilization of the requested medication. The request for Fexmid 7.5mg # 60 is not medically necessary and appropriate.

4) Regarding the request for a prescription for a prescription of Lortab (hydrocodone/BIT/ACET) #60, 1-2 q 4-6h:

Medical Treatment Guideline(s) 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), Chapter 3, Initial Approaches to Treatment, Muscle Relaxants, page 47, and part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines in the Chronic Pain Management Guidelines, page 11, Pain Interventions and Treatments and page 8, Pain Outcomes and Endpoints, of the MTUS to be applicable and relevant to the issue at dispute.

Rationale for the Decision:

Requested medical records were not timely submitted for this review. The Utilization Review (UR) clinical summary indicated the employee injured the left elbow, left knee, and low back in a slip and fall accident on 11/26/2011. The UR indicates treatment has included: MRI of the lumbar spine, pain medication, electrodiagnostic studies, Medrox patches, and was authorized for epidural steroid injections. A medical report reviewed in the UR, dated 6/17/2013 indicated that the employee continued to express severe pain to the left lower extremity and lower back. A request was submitted for Pepcid, Valium 10mg # 60, Fexmid 7.5mg # 60, Lortab # 60, Norco 10/325 mg # 60, Ointment (unspecified), pain management re-evaluation, and scooter replacement.

The MTUS Chronic Pain Guidelines indicate that treatment shall be provided as long as pain persists. The guidelines also state it is up to the treating physician to use clinical judgment to tailor medications for the patient, and the duration of medication use for chronic pain depends on the physician's evaluation of progress toward goals. The UR documents that the employee experiences high

levels of pain. The request for Lortab (hydrocodone/APAP) 10/25 mg # 60 is medically necessary and appropriate.

5) Regarding the request for a prescription of Norco (hydrocodone/APAP) 10/325mg #60, 1-2 q 4-6h:

Medical Treatment Guideline(s) 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), Chapter 3, Initial approaches to treatment, , Opioids pages 47-48, part of the Medical Treatment Schedule (MTUS) and the Chronic Pain Medical Treatment Guidelines (2009), p.76-80 Criteria for use of Opioids, part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines page 11, Pain Intervention and Treatments and page 8 Pain Outcomes and Endpoints, were applicable and relevant to the issue at dispute.

Rationale for the Decision:

Requested medical records were not timely submitted for this review. The Utilization Review (UR) clinical summary indicated the employee injured the left elbow, left knee, and low back in a slip and fall accident on 11/26/2011. The UR indicates treatment has included: MRI of the lumbar spine, pain medication, electrodiagnostic studies, Medrox patches, and was authorized for epidural steroid injections. A medical report reviewed in the UR, dated 6/17/2013 indicated that the employee continued to express severe pain to the left lower extremity and lower back. A request was submitted for Pepcid, Valium 10mg # 60, Fexmid 7.5mg # 60, Lortab # 60, Norco 10/325 mg # 60, Ointment (unspecified), pain management re-evaluation, and scooter replacement.

The MTUS Chronic Pain Guidelines indicate that the treatment shall be provided as long as pain persists. The guidelines also indicate that it is up to the treating providers' clinical judgement to tailor medications for the patient and medication continuation depends on demonstrated and documented improvement. The UR indicates that the employee continues to experience high levels of pain. The request for Norco 10/25 mg # 60 is medically necessary and appropriate.

6) Regarding the request for a prescription of Ointment (unspecified):

Medical Treatment Guideline(s) 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), Topical Analgesics, pg 111-113, part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the

guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

Requested medical records were not timely submitted for this review. The Utilization Review (UR) clinical summary indicated the employee injured the left elbow, left knee, and low back in a slip and fall accident on 11/26/2011. The UR indicates treatment has included: MRI of the lumbar spine, pain medication, electrodiagnostic studies, Medrox patches, and was authorized for epidural steroid injections. A medical report reviewed in the UR, dated 6/17/2013 indicated that the employee continued to express severe pain to the left lower extremity and lower back. A request was submitted for Pepcid, Valium 10mg # 60, Fexmid 7.5mg # 60, Lortab # 60, Norco 10/325 mg # 60, Ointment (unspecified), pain management re-evaluation, and scooter replacement.

The MTUS Chronic Pain Guidelines do not recommend topical compounded medications containing gabapentin. The UR indicates that the employee had relief with a topical compound of gabapentin and cyclobenzaprine. The MTUS states that any topical medication that contains one drug that is not recommended is not recommended. The guidelines state that topical gabapentin is not recommended. The request for a prescription of ointment (unspecified) is not medically necessary and appropriate.

7) Regarding the request for pain management re-evaluation for possible lumbar epidural steroid injection :

Medical Treatment Guideline(s) 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), Chapter 7 pg. 127, Independent Medical Examinations and Consultations, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

Requested medical records were not timely submitted for this review. The Utilization Review (UR) clinical summary indicated the employee injured the left elbow, left knee, and low back in a slip and fall accident on 11/26/2011. The UR indicates treatment has included: MRI of the lumbar spine, pain medication, electrodiagnostic studies, Medrox patches, and was authorized for epidural steroid injections. A medical report reviewed in the UR, dated 6/17/2013 indicated that the employee continued to express severe pain to the left lower extremity and lower back. A request was submitted for Pepcid, Valium 10mg # 60, Fexmid 7.5mg # 60, Lortab # 60, Norco 10/325 mg # 60, Ointment (unspecified), pain management re-evaluation, and scooter replacement.

The ACOEM guidelines, Chapter 7, which is not part of the MTUS, recommends referral/consultation if additional expertise or opinion would be helpful. The UR indicates that the treating physician felt that a consult regarding possible epidural steroid injection would be helpful. The examination findings documented on the UR suggest lumbar radiculopathy. The request for pain management re-evaluation for possible epidural steroid injection is medically necessary and appropriate.

8) Regarding the request for a scooter replacement:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 99, Power Mobility Devices (PMDs), which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

Requested medical records were not timely submitted for this review. The Utilization Review (UR) clinical summary indicated the employee injured the left elbow, left knee, and low back in a slip and fall accident on 11/26/2011. The UR indicates treatment has included: MRI of the lumbar spine, pain medication, electrodiagnostic studies, Medrox patches, and was authorized for epidural steroid injections. A medical report reviewed in the UR, dated 6/17/2013 indicated that the employee continued to express severe pain to the left lower extremity and lower back. A request was submitted for Pepcid, Valium 10mg # 60, Fexmid 7.5mg # 60, Lortab # 60, Norco 10/325 mg # 60, Ointment (unspecified), pain management re-evaluation, and scooter replacement.

The MTUS Chronic Pain guidelines do not recommend power mobility devices (PMDs) if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the employee has sufficient upper extremity function to propel a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The UR does not indicate that a walker or cane has been utilized and failed as a mobility aid. The request for a scooter replacement 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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