

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 1/22/2003
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0001871

- 1) MAXIMUS Federal Services, Inc. has determined the 1 prescription of omeprazole 20 mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the 1 prescription of Soma 350 mg #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the 1 prescription of Zanaflex 4 mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the 1 prescription of gabapentin 60 mg #90 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the 1 prescription of Percocet 10/325 mg #120 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the 1 urine drug test **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 1 prescription of omeprazole 20 mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the 1 prescription of Soma 35 mg #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the 1 prescription of Zanaflex 4 mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the 1 prescription of gabapentin 60 mg #90 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the 1 prescription of Percocet 10/325 mg #120 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the 1 urine drug test **is medically necessary and appropriate.**

Medical Qualifications of the Professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013.

“The patient is a 59 year old female with a date of injury of 1/22/03. Under consideration are prospective requests for 1 prescription of Celebrex 200 mg #30, 1 prescription of omeprazole 20 mg #60, 1 prescription of Soma 350 mg #30, 1 prescription of Zanaflex 4 mg #90, 1 prescription of Synovacin 500 mg #90, 1 prescription of hydrochlorothiazide 25 mg #30, 1 prescription of gabapentin 600 mg #90, 1 prescription of Senokot-S 8.6-50 mg #60, 1 prescription of Percocet 10/325 mg #120, and 1 urine drug test.”

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 (dated 07/18/2013)
- Utilization Review Determination from [REDACTED] (dated 07/02/2013)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 prescription of omeprazole 20 mg #60:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), (no section or page cited), 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 (2009), NSAIDs, GI symptoms & cardiovascular risk, page 69, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 1/22/03. The submitted and reviewed medical records indicate treatment has included: analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar fusion surgery, prior epidural steroid injection therapy, and adjuvant medications. The records note low back pain that radiates to the bilateral lower extremities and neck pain that radiates to bilateral upper extremities. A request has been submitted for 1 prescription of omeprazole 20 mg #60.

MTUS Chronic Pain guidelines note proton pump inhibitors (omeprazole) are indicated in the treatment of dyspepsia secondary to NSAID therapy. However, the submitted medical records do not indicate that the employee is suffering from dyspepsia, either stand alone or NSAID-induced. The requested 1 prescription of omeprazole 20 mg #60 **is not medically necessary and appropriate.**

2) Regarding the request for 1 prescription of Soma 350 mg #30 :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), (no section or page cited), 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 (2009), Carisoprodol (Soma®), page 29, and MTUS section 9792.20(f), Functional improvement, applicable and relevant to the issue at dispute

Rationale for the Decision:

The employee sustained an industrial injury on 1/22/03. The submitted and reviewed medical records indicate treatment has included: analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar fusion surgery, prior epidural steroid injection therapy, and adjuvant medications. The records note low back pain that radiates to the bilateral lower extremities and neck pain that radiates to bilateral upper extremities. A request has been submitted for 1 prescription of Soma 350 mg #30.

MTUS Chronic Pain guidelines note that Soma is not indicated for long-term use and can often be abused, particularly in combination with other analgesic medications. The submitted medical records indicate that the employee is using numerous analgesics and adjuvant medications. The records do not provide evidence of functional improvement as a result of prior Soma usage. The records note a reported decrease in pain score secondary to usage of unspecified medications, but there is no evidence that the employee has returned to work or improvement in terms of performance of activities of daily living. Instead, the most recent progress note suggests that the applicant is significantly limited in terms of multiple areas of function, including activity, ambulation, and hand function. The request for 1 prescription of Soma 350 mg #30 **is not medically necessary and appropriate.**

3) Regarding the request for 1 prescription of Zanaflex 4MG #90:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), (no section of page cited), 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 (2009), Tizanidine (Zanaflex®), page 80, applicable and relevant to the issue at dispute

Rationale for the Decision:

The employee sustained an industrial injury on 1/22/03. The submitted and reviewed medical records indicate treatment has included: analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar fusion surgery, prior epidural steroid injection therapy, and adjuvant medications. The records note low back pain that radiates to the bilateral lower extremities and neck pain that radiates to bilateral upper extremities. A request has been submitted for 1 prescription of Zanaflex 4 mg #90.

MTUS Chronic Pain guidelines note that Zanaflex is recommended as a first line option to treat myofascial pain. However, the submitted medical records indicate that the employee has used this particular agent chronically in conjunction with numerous other agents and has failed to derive any lasting benefit or functional improvement through prior usage. The employee has failed to return to work and failed to exhibit any improvement in terms of work status and/or improved performance of activities of daily living. The records indicate significant physical

impairment and difficulty performing activities of daily living persists. The request for 1 prescription of Zanaflex 4 mg #90 **is not medically necessary and appropriate.**

4) Regarding the request for 1 prescription of gabapentin 60MG #90 :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), (no section of page cited), 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 (2009), Gabapentin, page 49, and MTUS section 9792.20(f), Functional improvement, applicable and relevant to the issue at dispute

Rationale for the Decision:

The employee sustained an industrial injury on 1/22/03. The submitted and reviewed medical records indicate treatment has included: analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar fusion surgery, prior epidural steroid injection therapy, and adjuvant medications. The records note low back pain that radiates to the bilateral lower extremities and neck pain that radiates to bilateral upper extremities. A request has been submitted for 1 prescription of gabapentin 60 mg #90 .

MTUS Chronic Pain guidelines note that gabapentin is a first-line treatment for neuropathic pain. However, the submitted medical records do not demonstrate that the employee has derived lasting benefit or functional improvement through prior usage. The records indicate the employee has failed to return to work and has failed to exhibit any diminution in work restrictions, improve work status and/or improve performance of activities daily living through prior usage of gabapentin (Neurontin). Gabapentin is not indicated in this case given the lack of functional improvement. The request for 1 prescription of gabapentin 60 mg #90 **is not medically necessary and appropriate.**

5) Regarding the request for 1 prescription of Percocet 10/325 mg #120 :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), (no section of page cited), 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 (2009), When to Continue Opioids, page 80, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 1/22/03. The submitted and reviewed medical records indicate treatment has included: analgesic

medications, transfer of care to and from various providers in various specialties, prior lumbar fusion surgery, prior epidural steroid injection therapy, and adjuvant medications. The records note low back pain that radiates to the bilateral lower extremities and neck pain that radiates to bilateral upper extremities. A request has been submitted for 1 prescription of Percocet 10/325 mg #120 .

MTUS Chronic Pain guidelines note criteria for continuing opioid therapy includes evidence of improved function, reduction in pain, and/or successful return to work. The submitted medical records in this case indicate there is some insignificant reduction in pain noted as 8/10, there is no evidence that the employee has returned to work, there is no evidence of improved function and the employee continues to report significant impairment in terms of activities of daily living, mobility, ambulation, etc., The request for 1 prescription of Percocet 10/325 mg #120 **is not medically necessary and appropriate.**

6) Regarding the request for 1 urine drug test:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), (no section or page cited), 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 (2009), Opioids, steps to avoid misuse/addition, page 94, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 1/22/03. The submitted and reviewed medical records indicate treatment has included: analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar fusion surgery, prior epidural steroid injection therapy, and adjuvant medications. The records note low back pain that radiates to the bilateral lower extremities and neck pain that radiates to bilateral upper extremities. A request has been submitted for 1 urine drug test.

MTUS Chronic Pain guidelines note steps to avoid misuse of opioids includes frequent random urine toxicology screens. The submitted medical records indicate that the employee was and/or is using numerous analgesics and adjuvant medications. The guidelines support the requested urine drug test in this setting. The request for 1 urine drug screen **is 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

/srb

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.