
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/1/2013

12/23/2004

7/18/2013

CM13-0001936

- 1) MAXIMUS Federal Services, Inc. has determined the request for alprazolam 0.5 mg #60 between 6/13/13 and 8/27/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for nizatidine 150 mg #120 between 6/13/13 and 8/27/13 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for gabapentin 400 mg #120 between 6/13/13 and 8/27/13 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 blood test: CBC with differential and CMP between 6/13/13 and 8/27/13 **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 7/1/2013. 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 request for alprazolam 0.5 mg #60 between 6/13/13 and 8/27/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for nizatidine 150 mg #120 between 6/13/13 and 8/27/13 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for gabapentin 400 mg #120 between 6/13/13 and 8/27/13 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 blood test: CBC with differential and CMP between 6/13/13 and 8/27/13 **is 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 Preventative Medicine and 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 1, 2013:

“The patient is a 44 year old male with a date of injury of 12/23/04. Under consideration is a prospective request for 1 prescription of Alprazolam 0.5 mg #60, Omeprazole 20 mg# 60 Nizatidine 150 mg #60, Gabapentin 400 mg #120, blood tests” CBC with differential and CMP, 1 referral to Dr. [REDACTED] for right elbow, and 1 follow-up visit.”

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 7/18/2013)
- Utilization Review Determination from [REDACTED] (7/9/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for alprazolam 0.5 mg #60:

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), (section and page not cited), part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), (current version), Pain (Chronic), Alprazolam, a medical treatment guideline not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that Chronic Pain Medical Treatment Guidelines, (2009), Benzodiazepines, page 24, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 12/23/04. The records indicate diagnoses include: complex regional pain syndrome right upper extremity, status post right elbow contusion and right ulnar nerve neurolysis and submuscular transposition, and persistent right ulnar neuropathy. Prior treatment has included medications, physiotherapy, and surgery. A reviewed medical report dated 6/13/13 indicates the employee experiences chronic neck and bilateral elbow pain. A request has been submitted for alprazolam 0.5 mg #60.

MTUS Chronic Pain guidelines note that benzodiazepines (Alprazolam) are not recommended for long-term use because the long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four week. The submitted medical records note that 60 tablets of Alprazolam 0.5 mg have been prescribed. The amount of this medication prescribed suggests this is for long-term or chronic use purposes. The request for alprazolam 0.5 mg #60 **is not medically necessary and appropriate.**

2) Regarding the request for nizatidine 150 mg #120:

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

The Claims Administrator based its decision on the Institute of Clinical Systems Improvement (ICSI), (2010), Diagnosis of treatment of chest pain and acute coronary syndrome (ACS), 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 that the guidelines used by the

Claims Administrator were not appropriate for the employee's clinical circumstance. The Expert Reviewer found that Chronic Pain Medical Treatment Guidelines, (2008), NSAIDs, page 69, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 12/23/04. The records indicate diagnoses include: complex regional pain syndrome right upper extremity, status post right elbow contusion and right ulnar nerve neurolysis and submuscular transposition, and persistent right ulnar neuropathy. Prior treatment has included medications, physiotherapy, and surgery. A reviewed medical report dated 6/13/13 indicates the employee experiences chronic neck and bilateral elbow pain. A request has been submitted for nizatidine 150 mg #120.

MTUS Chronic Pain guidelines note H-2 receptor antagonists such as nizatidine are indicated in the treatment of dyspepsia and/or gastric upset. The medical records reviewed do not document the employee is using NSAIDs. However, by analogy, this topic is appropriate for the clinical circumstance. The medical records reviewed indicate that the employee's dyspepsia was seemingly adequately controlled through usage of omeprazole alone May 2013. The most recent progress report of 6/13/13 however, documents the presence of breakthrough dyspepsia and gastric upset for which usage of an H-2 receptor antagonist such as nizatidine is indicated and appropriate. The request for nizatidine 150 mg #120 **is medically necessary and appropriate.**

3) Regarding the request for gabapentin 400 mg #120:

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), (section and page not cited), part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, (2009), Specific Anti-Epilepsy Drugs, Gabapentin, page 18, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 12/23/04. The records indicate diagnoses include: complex regional pain syndrome right upper extremity, status post right elbow contusion and right ulnar nerve neurolysis and submuscular transposition, and persistent right ulnar neuropathy. Prior treatment has included medications, physiotherapy, and surgery. A reviewed medical report dated 6/13/13 indicates the employee experiences chronic neck and bilateral elbow pain. A request has been submitted for gabapentin 400 mg #120.

MTUS Chronic Pain guidelines note that gabapentin is recommended for the treatment of pain associated with chronic regional pain syndrome. A submitted and reviewed medical report dated 6/13/13 notes the employee is deriving

appropriate analgesia through the usage of gabapentin. Continuing the same is indicated in this case. The request for gabapentin 400 mg #120 **is medically necessary and appropriate.**

4) Regarding the request for 1 blood test: CBC with differential and CMP:

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), (section and page not cited), part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), NSAIDs, page 70, part of the MTUS, and the Colorado Guidelines, Chronic Pain Disorders (2011), Initial Evaluation & Diagnostic Procedures, Laboratory Testing, (online), a nationally- recognized professional standard, not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 12/23/04. The records indicate diagnoses include: complex regional pain syndrome right upper extremity, status post right elbow contusion and right ulnar nerve neurolysis and submuscular transposition, and persistent right ulnar neuropathy. Prior treatment has included medications, physiotherapy, and surgery. A reviewed medical report dated 6/13/13 indicates the employee experiences chronic neck and bilateral elbow pain. A request has been submitted for 1 blood test: CBC with differential and CMP.

MTUS does not specifically address the topic of routine laboratory monitoring in the chronic pain population. The MTUS Chronic Pain Guidelines seem to suggest that periodic laboratory testing for those individuals using NSAIDs chronically can include complete blood count (CBC), liver function testing, and renal function testing. The Colorado Chronic Pain Guidelines indicate that CBC testing can be employed to detect medication side effects and note that intermittent laboratory testing is indicated to ensure lack of medication side effects. In this case, the employee is using a number of analgesic and adjuvant medications for which laboratory testing is indeed appropriate. The request for 1 blood test: CBC with differential and CMP **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.