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**Notice of Independent Medical Review Determination**

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/10/2013  
Date of Injury: 1/15/2002  
IMR Application Received: 7/18/2013  
MAXIMUS Case Number: CM13-0001946

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Skelaxin 800mg #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Ultram 50mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Clonazepam 0.5mg #30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Lidoderm patches #30 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 1 Toradol 60mg intramuscular injection for 3 weeks **is not 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 7/10/2013. 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 1 prescription of Skelaxin 800mg #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Ultram 50mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Clonazepam 0.5mg #30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Lidoderm patches #30 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 1 Toradol 60mg intramuscular injection for 3 weeks **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 10, 2013:

The patient is a 63 year old male with a date of injury of 1/15/2002. Under consideration are prospective requests for Skelaxin, Ultram, Clonazepam, Lidoderm and Toradol.

Records submitted for review indicate that the patient is being treated for low back pain and numbness in the right leg. Recent examination findings show mild discomfort with lumbar motion and no sensory or motor changes. He has been treated with radiofrequency ablation and medications. The provider is

### 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
- Utilization Review Determination by Claims Administrator
- California Medical Treatment Utilization Schedule
- Medical Records submitted by Claims Administrator

**1) Regarding the request for 1 prescription of Skelaxin 800mg #90:**

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), pages 61 and 63, which are part of the California 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 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee experienced cumulative trauma industrial injuries on 1/25/2002 from 25 years of repetitive work activities. Specifically, the employee experienced bilateral carpal tunnel syndrome (CTS) and a lower back injury. The records indicate that in 2003 and 2004, the employee underwent bilateral carpal tunnel release, transforaminal lumbar interbody fusion with non-segmental instrumentation and iliac crest bone graft, and right L4/5 laminotomy, foraminotomy, and posterolateral fusion. The employee's pain returned and the records indicate diagnoses of failed back surgery syndrome and right side lumbar facet pain. Treatment has included RFA at the right L5/S1 facets and the right S1, S2, and S3 medial branches on 7/30/2012, and medications (Percocet, Toradol IM, Lidoderm patches, Clonazepam, Ultram, and Skelaxin. Pain has been rated at 6 out of 10 since at least 1/7/2013. A request was submitted for 1 prescription of Skelaxin 800mg #90.

The MTUS Chronic Pain Guidelines recommend Skelaxin for short-term use for acute exacerbations in patients with chronic lower back pain. In this case, the records indicate Skelaxin has been used on a regular basis for the past year. There were no documented examples of acute exacerbation of lower back pain, and no muscle spasms have been identified on the clinical findings on the available reports. The request for 1 prescription of Skelaxin 800mg #90 is not medically necessary and appropriate.

**2) Regarding the request for 1 prescription of Ultram 50mg #90:**

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), Opioids section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 8, 11, 88-89, and 94, which are part of the MTUS.

Rationale for the Decision:

The employee experienced cumulative trauma industrial injuries on 1/25/2002 from 25 years of repetitive work activities. Specifically, the employee experienced bilateral carpal tunnel syndrome (CTS) and a lower back injury. The records indicate that in 2003 and 2004, the employee underwent bilateral carpal tunnel release, transforaminal lumbar interbody fusion with non-segmental instrumentation and iliac crest bone graft, and right L4/5 laminotomy, foraminotomy, and posterolateral fusion. The employee's pain returned and the records indicate diagnoses of failed back surgery syndrome and right side lumbar facet pain. Treatment has included RFA at the right L5/S1 facets and the right S1, S2, and S3 medial branches on 7/30/2012, and medications (Percocet, Toradol IM, Lidoderm patches, Clonazepam, Ultram, and Skelaxin). Pain has been rated at 6 out of 10 since at least 1/7/2013. A request was submitted for 1 prescription of Ultram 50mg #90.

The medical records submitted for review indicate that Ultram has been prescribed for the past year, and the dosage has remained constant. The MTUS Chronic Pain Guidelines indicate a satisfactory response to medication would be a reduction in pain. The records show that pain has remained at 6 out of 10 for the past 6 months, and discontinuing a treatment for pain when pain persists is not in accordance with the guideline. The guideline states that the physician should assess the appropriateness of continued use and consider other modalities. The request for 1 prescription of Ultram 50mg #90 is medically necessary and appropriate.

**3) Regarding the request for 1 prescription of Clonazepam 0.5mg #30:**

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, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Pain Chapter, but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee experienced cumulative trauma industrial injuries on 1/25/2002 from 25 years of repetitive work activities. Specifically, the employee experienced bilateral carpal tunnel syndrome (CTS) and a lower back injury. The records indicate that in 2003 and 2004, the employee underwent bilateral carpal tunnel release, transforaminal lumbar interbody fusion with non-segmental instrumentation and iliac crest bone graft, and right L4/5 laminotomy, foraminotomy, and posterolateral fusion. The employee's pain returned and the records indicate diagnoses of failed back surgery syndrome and right side lumbar facet pain. Treatment has included RFA at the right L5/S1 facets and the right S1, S2, and S3 medial branches on 7/30/2012, and medications (Percocet,

Toradol IM, Lidoderm patches, Clonazepam, Ultram, and Skelaxin. Pain has been rated at 6 out 10 since at least 1/7/2013. A request was submitted for 1 prescription of Clonazepam 0.5mg #30.

Clonazepam is a benzodiazepine. The records show the patient has been on this medication since at least 6/4/2012. The MTUS Chronic Pain Guidelines states benzodiazepines are not recommended for long-term use and limits use to 4 weeks. The long-term use of Clonazepam for over year is not in accordance with the guideline. The request for 1 prescription of Clonazepam 0.5mg #30 is not medically necessary and appropriate.

**4) Regarding the request for 1 prescription of Lidoderm patches #30:**

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), pages 56-57, which are part of the California 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 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee experienced cumulative trauma industrial injuries on 1/25/2002 from 25 years of repetitive work activities. Specifically, the employee experienced bilateral carpal tunnel syndrome (CTS) and a lower back injury. The records indicate that in 2003 and 2004, the employee underwent bilateral carpal tunnel release, transforaminal lumbar interbody fusion with non-segmental instrumentation and iliac crest bone graft, and right L4/5 laminotomy, foraminotomy, and posterolateral fusion. The employee's pain returned and the records indicate diagnoses of failed back surgery syndrome and right side lumbar facet pain. Treatment has included RFA at the right L5/S1 facets and the right S1, S2, and S3 medial branches on 7/30/2012, and medications (Percocet, Toradol IM, Lidoderm patches, Clonazepam, Ultram, and Skelaxin). Pain has been rated at 6 out 10 since at least 1/7/2013. A request was submitted for 1 prescription of Lidoderm patches #30.

The MTUS Chronic Pain Guidelines indicate topical lidocaine may be appropriate for localized peripheral pain after there has been a trial of first-line therapy, TCA, SNRI or an AED. There is no indication in the records submitted that there has been a trial of antidepressants or anti-epilepsy medications, nor are there any current exam findings of localized peripheral pain. The employee has a history of CTS and carpal tunnel release, but over the past year, there have been no reports of peripheral neuropathic pain. The documentation does not support the request. The request for 1 prescription of Lidoderm patches #30 is not medically necessary and appropriate.

**5) Regarding the request for 1 Toradol 60mg intramuscular injection for 3 weeks:**

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), NSAIDs section, which is part of the California 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 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee experienced cumulative trauma industrial injuries on 1/25/2002 from 25 years of repetitive work activities. Specifically, the employee experienced bilateral carpal tunnel syndrome (CTS) and a lower back injury. The records indicate that in 2003 and 2004, the employee underwent bilateral carpal tunnel release, transforaminal lumbar interbody fusion with non-segmental instrumentation and iliac crest bone graft, and right L4/5 laminotomy, foraminotomy, and posterolateral fusion. The employee's pain returned and the records indicate diagnoses of failed back surgery syndrome and right side lumbar facet pain. Treatment has included RFA at the right L5/S1 facets and the right S1, S2, and S3 medial branches on 7/30/2012, and medications (Percocet, Toradol IM, Lidoderm patches, Clonazepam, Ultram, and Skelaxin). Pain has been rated at 6 out of 10 since at least 1/7/2013. A request was submitted for 1 Toradol 60mg intramuscular injection for 3 weeks.

The MTUS Chronic Pain Guidelines do not recommend Toradol for chronic conditions. Also, there is no discussion in the records provided as to why the employee requires Toradol injections over oral non-steroidal anti-inflammatory drugs. Additionally, there is no indication that this has been effective for the employee's pain in the past. The use of Toradol for chronic painful conditions is not in accordance with the guidelines, and the documentation submitted does not support the request. The request for 1 Toradol 60mg intramuscular injection for 3 weeks 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.