

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/26/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	3/14/1998
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001948

- 1) MAXIMUS Federal Services, Inc. has determined the request for trigger point injections, qty: 4 is not **medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Prilosec 20mg #120 is not **medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Fexmid 7.5mg #60 is not **medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Soma 350mg #60 is not **medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a **prescription of Ambien 10mg #30** 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 7/8/2013. 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 trigger point injections, qty: 4 is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Prilosec 20mg #120 is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Fexmid 7.5mg #60 is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Soma 350mg #60 is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for a **prescription of Ambien 10mg #30** 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.

CLINICAL SUMMARY:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“The patient is a 59 year old male with a date of injury of 3/14/1998. The provider has submitted a retrospective requests for four trigger point injections, one prescription of Norco 1 0/325mg #60, one prescription of Prilosec 20mg #120, one prescription of Fexmid 7.5mg #60 (date of service 6/11/13); and prospective requests for one prescription of Soma 350mg #60, one prescription of Ambien 10mg #30, and one prescription of Topamax 25mg #120.

“In a recently submitted progress note dated 6/11/13, Dr. [REDACTED] reported that the patient has had 75% pain relief since receiving a lumbar epidural steroid injection (ESI) on 5/9/13, and has been cutting back his pain medications about 30-50% overall. During this visit the patient reported having required very little Norco over the last few weeks. The patient noted that the radicular pain in his right lower extremity sometimes gets to the point where he requires 3-4 Norco per day, but that since his last ESI he was able to decrease his dosage by half. The patient also reported sleeping better and doing more

chores around the house. Current medications the patient had been taking included Norco 10/325mg, Topamax 25mg, Ambien 10mg, Prilosec 20mg, Soma 350mg, and Fexmid 7.5mg. Objective findings during this visit included an antalgic gait, muscle tenderness, increased muscle rigidity, and palpable trigger points tender throughout lumbar paraspinal muscles. Positive orthopedic and neurologic findings of L5-S1 distribution were also noted as well as decreased range of motion and motor strength. Records show that this patient has been diagnosed with lumbar post-laminectomy syndrome with bilateral lower extremity radiculopathy, reactionary depression and anxiety, and is status-post L5-S1 fusion.”

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for trigger point injections, qty: 4 :

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 American College of Occupational and Environmental Medicine, (2004), Chapter 12, Low Back Complaints, table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, pages 300 & 309, and the Chronic Pain Medical Treatment Guidelines, Criteria for Trigger point injections, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, pages 300 & 309, and the Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122, which is part of MTUS.

Rationale for the Decision:

The records show the employee received trigger point injections (TPI) on 6/11/13 and again on 7/5/13. The TPI on 7/5/13 were not in accordance with MTUS criteria. MTUS state radiculopathy must not be present. According to the records submitted for review, the employee was diagnosed with chronic bilateral S1 radiculopathy, and even underwent a recent ESI on 5/9/13 for bilateral S1 radiculopathy. The MTUS also states no repeat injections unless greater than 50% pain relief is obtained for 6 weeks. The timeframe between 6/11/13 and 7/5/13 is only 4 weeks. MTUS states frequency should not be at an interval less than 2 months. This interval between TPIs in this case was 1 month. **The request for trigger point injections, qty 4 is not medically necessary and appropriate.**

2) Regarding the request for a prescription of Prilosec 20mg #120 :

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, NSAIDs, GI symptoms & cardiovascular risk, which is part of MTUS and the Official Disability Guidelines, (ODG), Prilosec® (omeprazole), Proton pump inhibitors (PPIs), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, which is part of MTUS and the Official Disability Guidelines, (ODG), Prilosec® (omeprazole), Proton pump inhibitors (PPIs), which is not part of MTUS.

Rationale for the Decision:

In the medical records submitted for review, there is no discussion of any GI risk factors, no documentation of GERD or any other condition that Prilosec would be indicated for to treat or to be used prophylactically. An office note dated 6/19/12, noted that the employee was using naproxen, but has not been on this since before the 10/15/2012 report. There was no mention of dyspepsia while using naproxen and there is no discussion for current use of Prilosec without the use of non-steroidal anti-inflammatory drugs (NSAIDs). MTUS discusses use of proton pump inhibitors (PPI) with NSAIDs, and ODG guidelines discuss specifically Prilosec. The use of Prilosec does not appear to be in accordance with MTUS or ODG guidelines. **The request for Prilosec 20mg #120 is not medically necessary and appropriate.**

3) Regarding the request for a prescription of Fexmid 7.5mg #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, Cyclobenzaprine (Flexeril®, Amrix®, Fexmid™), which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril®, Amrix®, Fexmid™), pages 41-42, which is a part of MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommends a short course, noting the greatest effects were in the first 4-days. There is no explanation in the submitted medical records for review providing a rationale for adding Fexmid to the current medication regimen. The physician was noting on the 6/11/13 report, how much improvement there was with the recent epidural steroid injection (ESI) and the associated reduction in medications, however does not comment on the newly added Fexmid, or the rationale for it, in light of the significant improvement from

the ESI and trigger point injections (TPIs). The Chronic Pain guidelines do not recommend cyclobenzaprine for over 2-3 weeks. The prescription for #60, at 2/day is for a 30day supply is not in accordance with MTUS. **The request for a prescription of Fexmid 7.5mg #60 is not medically necessary and appropriate.**

4) Regarding the request for a prescription of Soma 350mg #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®, Soprodal 350™, Vandom®), which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma®, Soprodal 350™, Vandom®), page 29, which is part of MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend that Soma is not indicated for long-term use. The medical records provided for review document that the employee has been utilizing Soma for over the past year and this is not in accordance with MTUS. **The request for Soma 350mg #60 is not medically necessary and appropriate.**

5) Regarding the request for a prescription of Ambien 10mg #30 :

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 Official Disability Guidelines (ODG), Zolpidem (Ambien®), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Zolpidem (Ambien®), which is not part of MTUS.

Rationale for the Decision:

The medical records submitted for review indicate that the employee has been utilizing Ambien 10mg since 6/19/12. The Official Disability Guidelines (ODG) recommends Ambien for short term use, 2-6 weeks. The use of Ambien for over 12 months is not in accordance with the ODG guidelines. **The request for Ambien 10mg #30 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

/db

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.