

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 3/2/2006
IMR Application Received: 7/19/2013
MAXIMUS Case Number: CM13-0002174

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Percocet 10/325 MG #240 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Tizanidine 4 MG #180 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Flector patches #30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 Percocet 10/325 MG #240 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Tizanidine 4 MG #180 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Flector patches #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.

Expert Reviewer Case Summary:

The patient is a 65-year-old female who reported an injury on 04/14/2006. The patient has low back pain that radiates into the lower extremities and has been treated with methadone, Percocet, tizanidine, and Flector patches. Additionally, the patient has received bilateral sacroiliac joints injections. It was noted within the documentation that the patient has had an increase in functional capabilities and a decrease in pain and spasms as a result of the prescribed medication schedule. The patient's diagnoses included failed back syndrome, bilateral sacroiliac joint pain, and status post cardiovascular accident. The patient's current treatment plan includes methadone, Percocet, tizanidine, and Flector patches.

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 1 prescription of Percocet 10/325 MG #240 :

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 (May 2009), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, On going Opioid Management, pg. 78, which is a part of the MTUS.

Rationale for the Decision:

The clinical documentation submitted for review does indicate that the employee has pain relief and increased functional capabilities as a result of this medication. However, California MTUS states, “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychological/psychosocial functioning, and the appearance of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the “4 A’s” (analgesia, activities in daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs.” The clinical documentation submitted and reviewed does not provide evidence of a pain assessment as it relates to this medication. The documentation provides evidence that the employee’s pain has been consistently rated at 8/10 while being prescribed this medication but do not provide evidence of assessment for possible aberrant drug-taking behaviors. It is not clearly evident that this medication assists with controlling the employee’s pain or that the employee is compliant with a prescribed medication schedule. **The request for Percocet 10/235 mg #240 is not medically necessary and appropriate.**

2) Regarding the request for 1 prescription of Tizanidine 4 MG #180 :

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, (May 2009), Muscle relaxants, is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, pg. 63, which is part of the MTUS.

Rationale for the Decision:

It is noted within the documentation provided, that the employee’s current medication schedule has improved the employee’s quality of life and activity levels. However, California MTUS schedule “recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain.” The clinical documentation submitted for review does provide evidence that the employee has been taking this medication for an extended duration. This would exceed guideline recommendations.

The clinical documentation indicates, "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." As the efficacy of this medication is not established by assessment of pain relief, continued use would not be supported. **The request for 1 prescription of Tizanidine 4 mg #180 is not medically necessary and appropriate.**

3) Regarding the request for 1 prescription of Flector patches #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, Pain (Chronic), which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines- Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs) and pg. 111-112, which is a part of the MTUS.

Rationale for the Decision:

The medical records submitted indicate the employee has continued low back pain. The California MTUS states, "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward, or with a diminishing effect over another 2-week period." The clinical documentation submitted for review indicates that the employee has been on this medication for an extended duration of time; however, the records do not document that the employee is not tolerant or unable to take oral non-steroidal anti-inflammatory agents. The guidelines do not recommend this type of medication for the treatment of osteoarthritis of the spine, hip, or shoulder. The efficacy of this medication is not supported by pain assessments indicating pain relief as a result of this medication. **The request for 1 prescription of Flector patches #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

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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.