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**Notice of Independent Medical Review Determination**

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

5/16/2012

7/22/2013

CM13-0002376

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy, 2 times per week for 6 weeks for the cervical, thoracic and lumbar spine **are not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a refill of Norco 10/325mg 1 po q6 # 60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a refill of Compazine 20mg bid #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a refill of Fexmid 7.5mg bid #60 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 additional physical therapy, 2 times per week for 6 weeks for the cervical, thoracic and lumbar spine **are not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a refill of Norco 10/325mg 1 po q6 # 60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a refill of Compazine 20mg bid #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a refill of Fexmid 7.5mg bid #60 **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 Anesthesiology and in Pain Management 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:

#### **“Clinical History:**

Review of the medical documentation identifies the patient sustained an industrial injury on 05/16/12. The patient has been under the care of treating physician for cervical musculoligamentous sprain/strain with associated bilateral upper extremity sensory radiculitis, thoracolumbar musculoligamentous sprain/strain. Most recent reports dated 06/05/13 and 05/21/2013 are provided for review. These do not contain physical examinations. Physical therapy progress note dated 02/01/13 reveals patient states that therapy has helped with decreased tension. Patient reports no functional changes have been noted. Clinical observations note that therapy has helped decrease pain. Some symptoms have improved in terms of improved flexibility and decreased pain level. Letter of appeal dated 03/27/13 reveals patient completed 6 sessions of physical therapy with continued aching pain but gained improvement in range of motion. She complained of neck pain with occasional numbness and tingling sensations in the hands, as well as localized back pain. Examination revealed tenderness over the

paraspinals and trapezius muscles. Compression test elicited localized pain and cervical range of motion was slightly increased in all planes. Lumbar spine examination revealed tenderness over the paraspinals. Straight leg raise elicited localized pain. Lumbar range of motion was decreased. It was recommended the patient undergo an additional 6 sessions of physical therapy.”

#### **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 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/2/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

#### **1) Regarding the request for additional physical therapy, 2 times per week for 6 weeks for the cervical, thoracic and lumbar spine:**

##### 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 98-99, 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 was injured on 5/16/12 and has experienced cervical musculoligamentous sprain/strain with associated bilateral upper extremity sensory radiculitis and thoracolumbar musculoligamentous sprain/strain. The medical records submitted for review indicate neck pain with occasional numbness and tingling sensations in the hands as well as localized back pain. A request was submitted for additional physical therapy, 2 times per week for 6 weeks for the cervical, thoracic and lumbar spine.

The MTUS Chronic Pain guidelines allow for fading of treatment frequency, plus active self-directed home physical medicine. The medical records submitted for review indicate that the employee has already had 18 sessions of physical therapy, and a physical therapy note dated 2/1/13 indicates the employee had no improvement in function. Moreover, there is a lack of documentation as to why the employee is unable to perform self-directed home exercises program. The request for additional physical therapy, 2 times per week for 6 weeks for the cervical, thoracic and lumbar spine **is not medically necessary or appropriate.**

**2) Regarding the request for a refill of Norco 10/325mg 1 po q6 # 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), pages 76-80, 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 was injured on 5/16/12 and has experienced cervical musculoligamentous sprain/strain with associated bilateral upper extremity sensory radiculitis and thoracolumbar musculoligamentous sprain/strain. The medical records submitted for review indicate neck pain with occasional numbness and tingling sensations in the hands as well as localized back pain. A request was submitted for a refill of Norco 10/325mg 1 po q6 hours #60.

The MTUS Chronic Pain guidelines recommend screening for aberrant behavior in the context of significant risk in prolonged use of opiate therapy for chronic non-malignant pain. The medical records provided for medical review do not evidence screening for aberrant behavior as advised by the MTUS Chronic Pain guidelines. The MTUS Chronic Pain guidelines include a detailed list of recommendations for initiation and continuation of opioids. These recommendations do not appear to have been addressed by the requesting provider. The request for a refill of Norco 10/325mg 1 po q6 hours #60 **is not medically necessary or appropriate.**

**3) Regarding the request for a refill of Compazine 20mg bid #60:**

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

The Claims Administrator based its decision on the U.S. Food and Drug Administration (FDA) Prescribing Information for Compazine, which is a nationally-recognized professional standard that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute and was unable to find peer-reviewed scientific medical evidence regarding the issue in dispute. The Expert Reviewer found the nationally-recognized professional standard used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 5/16/12 and has experienced cervical musculoligamentous sprain/strain with associated bilateral upper extremity sensory radiculitis and thoracolumbar musculoligamentous sprain/strain. The medical records submitted for review indicate neck pain with occasional

numbness and tingling sensations in the hands as well as localized back pain. A request was submitted for a refill of Compazine 20mg bid #60.

The U.S. Food and Drug Administration (FDA) Prescribing Information for Compazine indicates that Compazine is used to for schizophrenia, non-psychotic anxiety, and to control severe nausea and vomiting. The medical records submitted for review note that Compazine was prescribed to treat the side-effect nausea of another medication, Norco. The request for Norco is not medically necessary and appropriate, thus Compazine is not medically necessary. The request for a refill of Compazine 20mg bid #60 **is not medically necessary or appropriate.**

#### **4) Regarding the request for a refill of Fexmid 7.5mg bid #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), pages 63-66, 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 relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 41 and 63, which are part of the MTUS.

##### Rationale for the Decision:

The employee was injured on 5/16/12 and has experienced cervical musculoligamentous sprain/strain with associated bilateral upper extremity sensory radiculitis and thoracolumbar musculoligamentous sprain/strain. The medical records submitted for review indicate neck pain with occasional numbness and tingling sensations in the hands as well as localized back pain. A request was submitted for a refill of Fexmid (cyclobenzaprine) 7.5mg bid#60.

The MTUS Chronic Pain guidelines indicate Fexmid (cyclobenzaprine) is recommended as a short course of therapy to decrease muscle spasms. The MTUS Chronic Pain guidelines also recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical records submitted for review indicate that on 2/11/13 the employee was re-examined after completing 12 sessions of aqua therapy and 6 sessions of physical therapy, and was noted to not have muscle spasms. The request for refill Fexmid (cyclobenzaprine) 7.5mg bid #60 **is not medically necessary or 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.