

---

**Notice of Independent Medical Review Determination**

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/3/2013

8/27/2003

7/22/2013

CM13-0002382

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #180 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zolpidem 10mg #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Valium 5mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Ondansetron CDT 4mg #30 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Opana ER 40mg #90 **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 7/3/2013. 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 Norco 10/325mg #180 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zolpidem 10mg #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Valium 5mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Ondansetron CDT 4mg #30 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Opana ER 40mg #90 **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 5, 2013:

“Clinical Rationale The patient is a 47 year old male with a date of injury of 08/27/2003. The provider is requesting prospective certification for 1 prescription of Norco 10/325mg #180, 1 prescription of Cymbalta 60mg #60, 1 prescription of trazodone 50mg #30, 1 prescription of zolpidem 10mg #30, 1 prescription of Valium 5mg #90, 1 prescription of ondansetron CDT 4mg #30, 1 urine drug screen and 1 prescription of Opana ER 40mg #90. A review of the patient's most recent examination completed on 06/19/2013 by Dr. [REDACTED] indicated the patient was under care for continued severe headaches and neck pain that radiated into his shoulders and upper back as well as continued low back pain. The patient indicated his pain had not been adequately controlled, and he was unsure if Opana ER was providing any benefit. He also indicated he had recently undergone some dental work. The patient indicated his pain was severe with his medications and very severe without his medications. He also indicated the use of his

medications allowed him to participate in some of his activities of daily living, with specific examples not included. Without his medications, he noted being predominantly confined to a bed or couch and had virtually no quality of life. The patient's examination revealed moderate tenderness and spasm to the paracervical muscles bilaterally with the remaining physical exam within normal limits. A recent urine drug screen from 04/18/2013 was reviewed and consistent with his prescribed medications; however, the metabolite of cocaine was also found but noted may be due to recent topical cocaine used for the patient's dental work. The patient was diagnosed with cervical degenerative disc disease status post C5-C6 and C6-C7 anterior cervical discectomy and fusion in 09/2004, cervical radiculopathy, lumbar spine sprain/strain with degenerative disc disease, lumbar radiculopathy, headaches, chronic pain syndrome and depression. At this time, the provider is requesting to titrate up the daily dosage of Opana ER utilized in attempt to positively impact the analgesic effect provided."

### **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 7/5/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

### **1) Regarding the request for Norco 10/325mg #180:**

#### 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), which is part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer the Chronic Pain Medical Treatment Guidelines (2009), pages 78-79 and 86, which are part of the MTUS.

#### Rationale for the Decision:

The employee was injured on 8/27/2003 and has experienced low back pain, severe headaches, and neck pain that radiates into the shoulders and upper back. The employee reports that the pain has not adequately been controlled. The employee has been diagnosed with cervical degenerative disc disease status post C5-6 and C6-7 anterior cervical discectomy and fusion in 2004, cervical radiculopathy, lumbar sprain/strain, chronic pain syndrome, and depression. A request was submitted for Norco 10/325mg #180.

The California MTUS Chronic Pain Medical Treatment Guidelines advocate monitoring 4 domains for chronic pain patients on opioids: analgesia; aberrant drug-taking behaviors; adverse side effects; and activities of daily living. The employee has continued to report pain at 8/10 despite these medications and has been aberrant at least one time. Continuation of this medication is not

supported by guidelines. The request for Norco 10/325mg #180 **is not medically necessary and appropriate.**

**2) Regarding the request for prescription of Zolpidem 10mg #30:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. 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. The Expert Reviewer relied on the ODG – Pain Chapter, Zolpidem section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 8/27/2003 and has experienced low back pain, severe headaches, and neck pain that radiates into the shoulders and upper back. The employee reports that the pain has not adequately been controlled. The employee has been diagnosed with cervical degenerative disc disease status post C5-6 and C6-7 anterior cervical discectomy and fusion in 2004, cervical radiculopathy, lumbar sprain/strain, chronic pain syndrome, and depression. A request was submitted for Zolpidem 10mg #30.

The ODG states that this medication is a first-line medication for insomnia and is a schedule IV controlled substance. Use of Zolpidem has the potential for abuse and dependency and is indicated for short-term use. The records indicate that the employee had been on this medication since at least 11/1/2012. This is not a short-term use of this medication, and per guidelines, it is not supported for continuation. The request for prescription of Zolpidem 10mg #30 **is not medically necessary and appropriate.**

**3) Regarding the request for Valium 5mg #90:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section, but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, page 24, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 8/27/2003 and has experienced low back pain, severe headaches, and neck pain that radiates into the shoulders and upper back. The employee reports that the pain has not adequately been controlled. The employee has been diagnosed with cervical degenerative disc disease

status post C5-6 and C6-7 anterior cervical discectomy and fusion in 2004, cervical radiculopathy, lumbar sprain/strain, chronic pain syndrome, and depression. A request was submitted for Valium 5mg #90.

Valium is a benzodiazepine. The MTUS Chronic Pain guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use of benzodiazepines to four weeks. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasms. The records submitted and reviewed indicate the employee's weaning process has already been established. Therefore, no further weaning is considered necessary. The request for Valium 5mg #90 **is not medically necessary and appropriate.**

#### 4) Regarding the request for Ondansetron CDT 4mg #30:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the California MTUS does not address the issue in dispute. The Expert Reviewer relied on the ODG – Pain Chapter, Ondansetron section, which is a medical treatment guideline that is not part of the MTUS.

##### Rationale for the Decision:

The employee was injured on 8/27/2003 and has experienced low back pain, severe headaches, and neck pain that radiates into the shoulders and upper back. The employee reports that the pain has not adequately been controlled. The employee has been diagnosed with cervical degenerative disc disease status post C5-6 and C6-7 anterior cervical discectomy and fusion in 2004, cervical radiculopathy, lumbar sprain/strain, chronic pain syndrome, and depression. A request was submitted for Ondansetron CDT 4mg #30.

The ODG indicates that Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment and also approved for post-operative use. It was noted that acute use of Ondansetron is FDA-approved for gastroenteritis. There was no recent documentation of nausea or vomiting secondary to chemotherapy or radiation therapy, and there was no documentation of any recent operations that would warrant the use of that medication. Further, there was no evidence of acute gastroenteritis that would warrant the short-term use of this medication. A 6/12/2013 note indicated that Ondansetron was prescribed on an as needed basis for nausea. However, there is a lack of indication that the employee currently has nausea or nausea related to chemotherapy, radiation or recent surgeries. The request for Ondansetron CDT 4mg #30 **is not medically necessary and appropriate.**

**5) Regarding the request for Opana ER 40mg #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), page 93, 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 was injured on 8/27/2003 and has experienced low back pain, severe headaches, and neck pain that radiates into the shoulders and upper back. The employee reports that the pain has not adequately been controlled. The employee has been diagnosed with cervical degenerative disc disease status post C5-6 and C6-7 anterior cervical discectomy and fusion in 2004, cervical radiculopathy, lumbar sprain/strain, chronic pain syndrome, and depression. A request was submitted for Opana ER 40mg #90.

The MTUS Chronic Pain Guidelines provide four domains for monitoring which include: analgesia; activities of daily living; adverse side effects; and aberrant drug-taking behavior. The records indicate that analgesia has not been objectively attained with this medication. The records indicate the employee had been taking Opana 30 mg since at least January 2013 with continued complaints of severe pain often rated at 8/10. The records document the employee was properly weaned with Opana ER #43. The weaning process has already been established, and no further weaning is needed. The request for Opana ER 40mg #90 **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

/sab

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.