

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/9/2013

Date of Injury:

7/11/1997

IMR Application Received:

7/22/2013

MAXIMUS Case Number:

CM13-0002400

- 1) MAXIMUS Federal Services, Inc. has determined the requested for **Cyclobenzaprine HCL 7.5mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested for **Terazosin 10mg #60 is 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 7/9/2013. 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 requested for **Cyclobenzaprine HCL 7.5 mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested for **Terazosin 10mg #60 is medically necessary and appropriate.**

### Medical Qualifications of the Professional 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 Neurology, 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 professional 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: There was no case summary provided on the utilization review determination dated July 9, 2013

### 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 (date 7/22/2013)
- Utilization Review [REDACTED]
- Medical Records from employee representative [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for Cyclobenzaprine HCL 7.5 mg #60:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines ,Cyclobenzaprine (flexeril), pgs. 41-42, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 7/11/97 and experiencing pain in the upper mid back and low back area. Treatment to date has included medication, aquatic therapy, and one epidural on 11/2012. The request is for Cyclobenzaprine HCL 7.5 mg #60.

Chronic Pain Medical Treatment Guidelines do not recommend use of Flexeril for over 3 weeks. The original 7/3/13 PR 2 was not available for review and there are no prior PR2's available to determine the duration of use of Flexeril. The UR denial was dated 7/8/13 and the Doctor's appeal was dated 7/31/13, and he states the employee is paying out of pocket for this medication. The timeframe from 7/8/13 to 7/31/13 exceeds the 3-week limit discussed under MTUS. The request for cyclobenzaprine is not in accordance with MTUS. **The request for Cyclobenzaprine HCL 7.5 mg #60 is not medically necessary and appropriate.**

**2) Regarding the request for Terazosin 10mg #60:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer stated no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer stated FDA information on Terazosin (<http://www.drugs.com/pro/terazosin.html>), a Nationally Recognized Professional Standard, was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee was injured on 7/11/97 and experiencing pain in the upper mid back and low back area. Treatment to date has included medication, aquatic therapy, and one epidural on 11/2012. The request is for Terazosin 10mg #60.

Terazosin is indicated for BPH. Medical records submitted and reviewed show that the employee was diagnosed with BPH in Nov. 2009. [REDACTED] trialed the employee on terazosin and found significant improvement in urinary flow. The use of Terazosin appears in accordance with the drug's indications. **The request for Terazosin 10mg #60 is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ldh

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.