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**Notice of Independent Medical Review Determination**

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/5/2013  
Date of Injury: 6/20/2006  
IMR Application Received: 7/22/2013  
MAXIMUS Case Number: CM13-0002435

- 1) MAXIMUS Federal Services, Inc. has determined the request for massage therapy 1 time a week for 6 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lisinopril 20mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Fluoxetine IIC1 40mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone/Acetaminophen 10-325mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine HCL 10mg **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Topiramate 25mg **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Diazepam 5mg **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for FiberCon 625 **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Oxycodone/Acetaminophen 10-325mg **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 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 massage therapy 1 time a week for 6 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lisinopril 20mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Fluoxetine IIC1 40mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone/Acetaminophen 10-325mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine HCL 10mg **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Topiramate 25mg **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Diazepam 5mg **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for FiberCon 325mg **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Oxycodone/Acetaminophen 10-325mg **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The 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:

The following case summary was taken directly from the utilization review determination letter dated 7/5/2013:

Visit note dated 02/25/13 indicates that the claimant had been doing well and states that radicular symptoms are made better after the transforaminal epidural steroid injection status post cervical medial branch block with 70 percent relief for three days. However, the pain has returned and is rated at 5/10. The claimant is eager to figure out the next steps and wants to try physical therapy and a different antidepressant. The claimant notes benefit with Wellbutrin in the past. The claimant reports stress at home. The claimant is using medications approximately. Current medications include Metoprolol 100 mg tablet 2 tablets orally twice daily, Dilaudid 8 mg tablet every six hours as needed for pain, Norco 10/325 mg tablet every four hours as needed for pain, and Prozac 40 mg Pulvule. The claimant reports generally experiencing a frustrated mood due to persistent pain. Physical exam is unchanged from the previous visit. A ten panel test was performed for diagnosis of unspecified medication dependence. The specimen showed compliance with their prescription regimen. Manual muscle testing procedure was performed as well. The claimant was given two intramuscular injections due to the chronic pain syndrome. The provider recommends bilateral C7 and T1 radiofrequency in two weeks apart, pool therapy two times a week for three weeks and medications to include Wellbutrin 150 mg orally twice daily #60, Voltaren XR 100 mg daily #30, Docusate 100 mg 2 tablets orally twice daily, Sumatriptan as needed for headache, Zofran 8 mg sublingually orally daily as needed for nausea and vomiting #10, Norco 10/325 mg #180 and Dilaudid 8 mg orally every 6 hours as needed for severe pain #120 and discontinue Topamax.

## 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)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request massage therapy 1 time a week for 6 weeks:

#### 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), Massage Therapy section, 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 6/20/2006 and reports continued cervical spine pain. The employee has a history of a two level cervical fusion. The clinical note dated 8/5/2013 and rates pain at 4/10. The employee is a candidate for radiofrequency ablation. The employee's medications include metoprolol, Dilaudid, Norco, and Prozac. Physical exam findings revealed movements of the neck were restricted with left lateral rotation to 5 degrees and right lateral rotation to 10 degrees. Tenderness was noted to the cervical spine paracervical muscles

and trapezius. A request was submitted for massage therapy 1 time a week for 6 weeks.

The MTUS Chronic Pain Medical Treatment Guidelines indicate “This treatment should be an adjunct to other recommended treatments such as exercise and it should be limited to 4 to 6 visits in most cases.” The records submitted and reviewed do not include evidence of the employee’s recent course of treatment for the chronic pain complaints. In addition, it is unclear if the employee previously utilized massage therapy or the efficacy of treatment. Overall, there is a lack of documentation submitted demonstrating the employee’s recent utilization of conservative active modalities to support the request for massage therapy. The request for massage therapy 1 time a week for 6 weeks **is not medically necessary and appropriate.**

## 2) Regarding the request for Lisinopril 20mg:

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

The Claims Administrator based its decision on the Mosby’s Drug Consult, Lisinopril, which is peer-reviewed scientific evidence 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 the California MTUS do not address the issue in dispute. The Expert Reviewer relied on the Lisinopril Drug Package insert.

### Rationale for the Decision:

The employee was injured on 6/20/2006 and reports continued cervical spine pain. The employee has a history of a two level cervical fusion. The clinical note dated 8/5/2013 and rates pain at 4/10. The employee is a candidate for radiofrequency ablation. The employee’s medications include metoprolol, Dilaudid, Norco, and Prozac. Physical exam findings revealed movements of the neck were restricted with left lateral rotation to 5 degrees and right lateral rotation to 10 degrees. Tenderness was noted to the cervical spine paracervical muscles and trapezius. A request was submitted for Lisinopril 200mg.

The clinical documentation submitted for review fails to evidence a rationale for the employee’s utilization of this medication. The request for Lisinopril 200mg **is not medically necessary and appropriate.**

## 3) Regarding the request Fluoxetine IIC1 40mg:

### 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), Antidepressants for Chronic Pain section, 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 6/20/2006 and reports continued cervical spine pain. The employee has a history of a two level cervical fusion. The clinical note dated 8/5/2013 and rates pain at 4/10. The employee is a candidate for radiofrequency ablation. The employee's medications include metoprolol, Dilaudid, Norco, and Prozac. Physical exam findings revealed movements of the neck were restricted with left lateral rotation to 5 degrees and right lateral rotation to 10 degrees. Tenderness was noted to the cervical spine paracervical muscles and trapezius. A request was submitted for Fluoxetine IIC 40mg.

The MTUS Chronic Pain Medical Treatment Guidelines indicate anti-depressants for chronic pain are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Clinical notes document the employee presented with frustrated mood due to persistent chronic pain. However, the records submitted for review lack documentation evidencing support for the employee's current medication regimen. The request for Fluoxetine IIC 40mg is **not medically necessary and appropriate.**

**4) Regarding the request Hydrocodone/Acetaminophen 10-325mg:**

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), Criteria for Opioids section, 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 relied on the Chronic Pain Medical Treatment Guidelines (2009), page 78, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 6/20/2006 and reports continued cervical spine pain. The employee has a history of a two level cervical fusion. The clinical note dated 8/5/2013 and rates pain at 4/10. The employee is a candidate for radiofrequency ablation. The employee's medications include metoprolol, Dilaudid, Norco, and Prozac. Physical exam findings revealed movements of the neck were restricted with left lateral rotation to 5 degrees and right lateral rotation to 10 degrees. Tenderness was noted to the cervical spine paracervical muscles and trapezius. A request was submitted for Hydrocodone/Acetaminophen 10-325mg.

The MTUS Chronic Pain Medical Treatment Guidelines state hydrocodone "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The records submitted and reviewed lack documentation of efficacy with the employee's utilization of this medication. The request for

Hydrocodone/Acetaminophen 10-325mg **is not medically necessary and appropriate.**

**5) Regarding the request Cyclobenzaprine HCL 10mg:**

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), Muscle Relaxants section, 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 41-42, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 6/20/2006 and reports continued cervical spine pain. The employee has a history of a two level cervical fusion. The clinical note dated 8/5/2013 and rates pain at 4/10. The employee is a candidate for radiofrequency ablation. The employee's medications include metoprolol, Dilaudid, Norco, and Prozac. Physical exam findings revealed movements of the neck were restricted with left lateral rotation to 5 degrees and right lateral rotation to 10 degrees. Tenderness was noted to the cervical spine paracervical muscles and trapezius. A request was submitted for Cyclobenzaprine HCL 10mg.

The MTUS Chronic Pain Medical Treatment Guidelines indicate Cyclobenzaprine is recommended as an option using a short course of therapy. The clinical notes do not include evidence of how long the employee had been utilizing this medication or show clear efficacy of this intervention for the employee's pain. The request for Cyclobenzaprine HCL 10mg **is not medically necessary and appropriate.**

**6) Regarding the request Topiramate 25mg:**

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), Antiepilepsy Drugs section, 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 relied on the Chronic Pain Medical Treatment Guidelines (2009), page 21, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 6/20/2006 and reports continued cervical spine pain. The employee has a history of a two level cervical fusion. The clinical note dated 8/5/2013 and rates pain at 4/10. The employee is a candidate for radiofrequency ablation. The employee's medications include metoprolol, Dilaudid, Norco, and Prozac. Physical exam findings revealed movements of the neck were restricted with left lateral rotation to 5 degrees and right lateral rotation

to 10 degrees. Tenderness was noted to the cervical spine paracervical muscles and trapezius. A request was submitted for Topiramate 25mg.

The MTUS Chronic Pain Medical Treatment Guidelines indicate this medication is still considered for use for neuropathic pain when other anticonvulsants fail.” There is a lack of documented measurable gain, such as decrease in pain on a VAS scale, and increase in functionality in the clinical notes, to support the employee’s current medication regimen. The request for Topiramate 25mg **is not medically necessary and appropriate.**

#### **7) Regarding the request Diazepam 5mg:**

##### 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), Benzodiazepine section, 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 6/20/2006 and reports continued cervical spine pain. The employee has a history of a two level cervical fusion. The clinical note dated 8/5/2013 and rates pain at 4/10. The employee is a candidate for radiofrequency ablation. The employee’s medications include metoprolol, Dilaudid, Norco, and Prozac. Physical exam findings revealed movements of the neck were restricted with left lateral rotation to 5 degrees and right lateral rotation to 10 degrees. Tenderness was noted to the cervical spine paracervical muscles and trapezius. A request was submitted for Diazepam 5mg.

The MTUS Chronic Pain Medical Treatment Guidelines indicate benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. There is a lack of documented measurable gain, such as decrease in pain on a VAS scale, and increase in functionality in the clinical notes, to support the employee’s current medication regimen. The request for Diazepam 5mg **is not medically necessary and appropriate.**

#### **8) Regarding the request FiberCon 625mg:**

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

The Claims Administrator based its decision on www.drugs.com, FiberCon, 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 relied on the Chronic Pain Medical Treatment Guidelines (2009), page 77, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 6/20/2006 and reports continued cervical spine pain. The employee has a history of a two level cervical fusion. The clinical note dated 8/5/2013 and rates pain at 4/10. The employee is a candidate for radiofrequency ablation. The employee's medications include metoprolol, Dilaudid, Norco, and Prozac. Physical exam findings revealed movements of the neck were restricted with left lateral rotation to 5 degrees and right lateral rotation to 10 degrees. Tenderness was noted to the cervical spine paracervical muscles and trapezius. A request was submitted for FiberCon 625mg.

Additional certification of this medication requires evidence of risk of constipation and/or specific documentation of constipation. The clinical notes lack documentation of the employee's reports or complaints of constipation. The request for FiberCon 625mg **is not medically necessary and appropriate.**

**9) Regarding the request Oxycodone/Acetaminophen 10-325mg:**

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), Opioids Section, 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 relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 78 and 92, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 6/20/2006 and reports continued cervical spine pain. The employee has a history of a two level cervical fusion. The clinical note dated 8/5/2013 and rates pain at 4/10. The employee is a candidate for radiofrequency ablation. The employee's medications include metoprolol, Dilaudid, Norco, and Prozac. Physical exam findings revealed movements of the neck were restricted with left lateral rotation to 5 degrees and right lateral rotation to 10 degrees. Tenderness was noted to the cervical spine paracervical muscles and trapezius. A request was submitted for Oxycodone/Acetaminophen 10-325mg.

The MTUS Chronic Pain Medical Treatment Guidelines state oxycodone "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also summarize the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The records submitted and reviewed lack documentation of efficacy with the employee's utilization of this medication. The request for Oxycodone/Acetaminophen 10-325mg **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

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