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**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/11/2013  
Date of Injury: 9/22/2006  
IMR Application Received: 7/22/2013  
MAXIMUS Case Number: CM13-0002531

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 7.5/500mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Robaxin 500mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **shower chair 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 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 **Hydrocodone 7.5/500mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Robaxin 500mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **shower chair 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 Occupational Medicine 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 claimant is a 40 year old female with a date of injury of 9/22/2006 currently with chronic low back pain with radiation to lower extremities and neck pain.

Pain management progress note dated 7/24/2012 notes that the claimant's status has remained stable with pain 7-8/10. She utilizes the assistance of a cane. Physical exam notes that there is a reduction of range of motion of the lumbar spine secondary to pain, and spinal vertebral tenderness at the L4-L5 level, lumbar myofascial tenderness on palpation. Sensation was decreased to touch in bilateral lower extremities along L5-S1 dermatome, worse on left lower extremity, decreased dorsiflexion and plantar flexion, absent patellar and Achilles' tendon reflexes and tight bilateral hamstrings. Pain management at this visit included Toradol IM, exercise therapy, pool therapy (which was denied by carrier), hydrocodone/APAP 7.5-500 mg tab every 8 hours, Naproxen 550 mg tab twice daily, and tizanidine 2 mg tab 1-2 three times a day.

The treatment remained unchanged in 8/2012, and then in 9/2012 the muscle relaxant was changed from tizanidine to cyclobenzaprine 5 mg tab three times daily. On the 10/12/2012 visit it is noted that the low back pain not only radiates to the level of the hip, but now to bilateral feet, and the neck pain has radiation to bilateral upper extremities and also has bilateral shoulder pain. She has total body pain, current level has increased to 9-10/10, and is increased with walking. The physical exam findings remain unchanged, and treatment is unchanged. In 11/2012 the claimant's status remains unchanged, and treatment remains with the exception of changing the muscle relaxant

from cyclobenzaprine to baclofen 20 mg twice daily. In 3/2013 it is noted that pool therapy was approved in court hearing, but otherwise medical status and treatment remain unchanged. In 4/2013 the claimant presented with facial rash and pain, and was directed to Emergency Department for possible shingles and involvement of left eye. The presentation and treatment otherwise remained unchanged. In 5/2013 it is noted that the claimant had hospital admission for anemia, secondary to shingles, and had blood transfusions. She discontinued naproxen and baclofen for pain management, and interferential current stimulation was requested to assist in pain control.

AME dated 5/31/2013 notes that the claimant has significant pain that affects most of her activities of daily living and has occasional falls with sudden weakness of her lower extremities, has determined that the claimant has reached maximum medical improvement. This AME report makes the recommendation to provide a cane with a sitting chair and to replace it annually. This is a treatment request that had been made previously and had been denied by the carrier.

The claims administrator cites two previous reviews where hydrocodone was certified with modification for weaning purposes, however there are no clinical notes that describe a plan for weaning off medications.

#### **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
- Utilization Review Determination from Claims Administrator
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for hydrocodone 7.5/500mg #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), Hydrocodone, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids, which is part of the MTUS.

##### Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines do not support continuous use of opioids. Although it is important to wean or detoxify patients off of opioids rather than abruptly discontinuing their use, the employee has reportedly been approved for two previous requests for this medication. In addition, there is no evidence from the provider of weaning or detoxification, and the employee's opioid use has remained unchanged. There are different strategies for the discontinuation of opioids, which could include the use of hydrocodone at a tapering dose and/or frequency. However, the current request is for continued

pain management and not for detoxification. **The request for hydrocodone 7.5/500mg #90 is not medically necessary and appropriate.**

**2) Regarding the request for Robaxin 500mg #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), Muscle Relaxants, which is part of the MTUS.

The Expert Reviewer found based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Muscle Relaxants, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines indicate that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The employee has not had any acute exacerbations in chronic back pain, and there is no significant spasticity documented that would suggest benefit from muscle relaxants. Further, the employee's pain remains at an elevated level with or without muscle relaxant treatment. The employee has been on muscle relaxants for over a year with no significant benefit in pain management or improved function. **The request for Robaxin 500mg #60 is not medically necessary and appropriate.**

**3) Regarding the request for a shower chair:**

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) (current version), Knee & Leg (Acute & Chronic) Section, and the CMS 2005 Guidelines, which are not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment.

Rationale for the Decision:

Bathtub seats are considered a comfort or convenience item, hygienic equipment, and not primarily medical treatment in nature. Moreover, the employee's injury occurred over seven years ago, and the medical documentation reviewed does not include evidence of physical limitations that have kept the employee from bathing. **The request for a shower chair 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  
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