
Notice of Independent Medical Review Determination

Dated: 10/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/12/2013

11/17/1999

7/22/2013

CM13-0002532

- 1) MAXIMUS Federal Services, Inc. has determined the request for Percocet 10/325mg # 60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Imitrex 100mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Xanax 0.25mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for baclofen 10mg **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 7/12/2013. 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 Percocet 10/325mg # 60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Imitrex 100mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Xanax 0.25mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for baclofen 10mg **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 Preventative Medicine and 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 12, 2013:

“According to the clinical documentation, the patient is a 54-year old individual who sustained an injury to lower back on 11/17/99 when patient bent over to sweep under some shelves and hit head as patient stood up. According to the Physician's Progress Report dated 6/12/13 by Dr. [REDACTED], the patient presented for re-examination. The patient's symptoms remained stable with the current medication regimen. The patient complained of neck pain with radiation to the right upper arm/scapular area; headaches; mid back pain with radiation to the lower back; low back pain with radiation to the hips; insomnia due to chronic pain; and exacerbation of depression due to chronic pain and frustration about inability to do some activities of daily living (ADLs). Pain level with medication was at 3-6/10 and without medication would be 8-10/10. The opioid medications allowed the patient to do ADLs. Physical examination on cervical spine showed mild to moderate tenderness and spasm noted of the paracervical muscles. Sprurling's sign was positive to the right causing right scapular and upper arm pain. Active range of motion (AROM) as follows: flexion and extension - 50% of normal; right and left lateral flexion - 60% of normal. Examination on lumbar spine showed mild tenderness and paralumbar spasm noted in the lower and mid paralumbar region.

AROM as follows: flexion and extension - 50% of normal; and right and left lateral flexion was 80% of normal. Straight leg raise test was positive on the right at 80% causing pain in the low back, posterior thigh, posterior calf and foot. Left side was negative. Lasegue's test was mildly positive on the right. Left side was negative. Examination of the thoracic spine showed mild spasm from T2 to T7 parathoracic muscles. Inspection on shoulder showed mild tenderness over the shoulder joint bilaterally. Impingement sign was negative bilaterally. There was mild muscle spasm noted bilaterally over the lower shoulders. Grip strength was 4+/5 bilaterally. Recommendations included medication management: Percocet 10/325 for breakthrough pain; Norco to manage the pain; Ibuprofen for pain and inflammation; Baclofen for muscle spasms; Ambien for sleep difficulty; Xanax for anxiety; Cymbalta for depression; and Imitrex for headaches that have vascular features with throbbing characteristics. The patient was diagnosed with lumbar strain with right lumbar radiculopathy; 2) cervical strain with right cervical radiculopathy with spontaneous exacerbation since 11/08. MRI of 02/09 documented a protrusion at C5-C6 (there was no objective interpretation of the results attached in the medical report submitted); thoracic strain; cervicogenic headaches; insomnia due to chronic pain; and secondary depression due to chronic pain."

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 7/22/13)
- Utilization Review Determination from InterMed (dated 7/12/13)
- Medical Records from InterMed
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Percocet 10/325mg#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 Utilization Guidelines (2009), pages 91-92, 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 80, 86-87, and 92, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 11/17/99 and has experienced chronic posttraumatic headaches, neck pain, midback pain, low back pain, insomnia, and depression. Treatment has included analgesic medications, psychotropic medications and cognitive behavioral therapy. A CT scan of the cervical spine dated 3/26/12 revealed multilevel disk bulges and degenerative changes of uncertain clinical significance. The request was submitted for Percocet 10/325mg #60.

The MTUS Chronic Pain guideline criteria for continuing opioid therapy include evidence of successful return to work, improved function, and/or reduce pain through ongoing usage of opioids. In this case, the medical records provided for review indicate the employee reported reduced pain scores, improved performance of activities of daily living, and heightened function through usage of the opioid analgesics. It is also noted that the employee is using multiple short-acting opioids. While using multiple short-acting opioids concurrently is not necessarily the ideal pharmaceutical regimen, in this case, the employee appears to have numerous psychological problems, mental health issues, suicidal ideation, etc. It appears that, for whatever reason, this particular medication regimen is working here. It is further noted that the employee uses four Norco 10/325 a day and two Percocet 10/325 a day, which amounts to a total Tylenol daily dosage of 1950 mg, less than the 4000 mg maximum specified on page 92 of the chronic medical treatment guidelines. It is further noted that two tablets of Percocet 10/325 plus four tables of Norco 10/325 result in a Morphine equivalent dose of 70 mg of Morphine equivalents a day, less than the 120 mg soft cap on Morphine equivalents set forth on page 86 of the MTUS Chronic Pain guidelines. The request for Percocet 10/325mg #60 **is medically necessary and appropriate.**

2) Regarding the request for Imitrex 100mg:

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), Head Chapter, Triptans section, which is a medical treatment guideline 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 Utilization Guidelines (2009), pages 24 and 124, which are part of the MTUS. The Expert Reviewer also cited the ODG section used by the Claims Administrator and the U.S. Food and Drug Administration indications and usage for Imitrex, which is a nationally-recognized professional standard that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 11/17/99 and has experienced chronic posttraumatic headaches, neck pain, midback pain, low back pain, insomnia, and depression. Treatment has included analgesic medications, psychotropic medications and cognitive behavioral therapy. A CT scan of the cervical spine dated 3/26/12 revealed multilevel disk bulges and degenerative changes of uncertain clinical significance. The request was submitted for Imitrex 100mg.

The FDA indication states that Imitrex is used for the acute treatment of migraine headaches with or without aura and should only be used when a clear diagnosis of migraine headaches has been established. In this case, there is no evidence that a diagnosis of migraine headaches has been established. Additionally, the ODG chronic pain chapter suggests that some of the symptoms of headache being experienced by the patient may be the result of medication overuse or medication abuse and/or a function of the applicant's underlying

psychopathology. The request for lmitrex 100 mg **is not medically necessary and appropriate.**

3) Regarding the request for Xanax 0.25mg:

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 Utilization Guidelines (2009), page 24, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Pain Chapter, Alprazolam section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer cited the Chronic Pain Medical Treatment Utilization Guidelines (2009), pages 24 and 124, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 11/17/99 and has experienced chronic posttraumatic headaches, neck pain, midback pain, low back pain, insomnia, and depression. Treatment has included analgesic medications, psychotropic medications and cognitive behavioral therapy. A CT scan of the cervical spine dated 3/26/12 revealed multilevel disk bulges and degenerative changes of uncertain clinical significance. The request was submitted for Xanax (alprazolam) 0.25mg.

Xanax is a benzodiazepine. The MTUS Chronic Pain Guidelines do not recommend chronic use of benzodiazepines. The request for Xanax 0.25 mg **is not medically necessary and appropriate.**

4) Regarding the request for baclofen 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 Utilization Guidelines (2009), page 64, 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 11/17/99 and has experienced chronic posttraumatic headaches, neck pain, midback pain, low back pain, insomnia, and depression. Treatment has included analgesic medications, psychotropic medications and cognitive behavioral therapy. A CT scan of the cervical spine dated 3/26/12 revealed multilevel disk bulges and degenerative changes of uncertain clinical significance. The request was submitted for baclofen 10mg.

The MTUS Chronic Pain Medical Treatment Guidelines state that baclofen is endorsed only in the treatment of spasticity associated with condition, such as cerebral palsy, multiple sclerosis, and spinal cord injuries. It is not recommended in the chronic low back pain context present here. In this case, the employee is using numerous other analgesic, adjuvant, and psychotropic medications, one of which, Percocet. The medical records provided for review do not document a compelling rationale for additional of baclofen. Since abrupt discontinuation of baclofen is not recommended by the chronic pain medical treatment guidelines, a 30-tablet partial certification is medically necessary and appropriate. The request for baclofen 10mg **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/th

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.