

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 10/25/2013

[Redacted]

[Redacted]

Employee: [Redacted]  
Claim Number: [Redacted]  
Date of UR Decision: 7/7/2013  
Date of Injury: 11/28/2011  
IMR Application Received: 7/24/2013  
MAXIMUS Case Number: CM13-0002918

- 1) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium 550mg #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 200mg #60 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one urine toxicology screen **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Alprazolam 1mg #60 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 Naproxen Sodium 550mg #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 200mg #60 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one urine toxicology screen **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Alprazolam 1mg #60 **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.

### **CLINICAL SUMMARY:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 7, 2013:

“The patient is a 55 year old male with a date of injury of 11/28/2011. The provider has submitted prospective requests for one prescription of naproxen sodium 550 mg #60, gabapentin 200 mg #60 and alprazolam 1 mg #60. The provider has also submitted a retrospective request one urine toxicology screen performed on 6/5/2013.

The submitted clinical reporting dated 6/5/2013 (dated 6/13/2013), showed that the patient had complaints of occasional neck pain, frequent low back pain traveling into his lower extremities, and frequent bilateral shoulder pain. Additional symptomatology included anxiety, depression, and insomnia. On said date, he was diagnosed with the following: neck sprain/strain; brachial neuritis or radiculitis; bilateral shoulder partial rotator cuff tear; anxiety; depression; insomnia; and sleep apnea. Physical examination, performed by Dr. [REDACTED] on the aforesaid date, revealed reduced cervical, lumbar, and right shoulder range -of motion. It should be noted that palpation was too painful to perform. A lumbar MRI was performed on 4/9/13, that showed degenerative changes throughout. His past surgical history was positive for right shoulder surgery on 5/16/2013.”

## 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 for Independent Medical Review (received 07/24/2013)
- Utilization Review Determination from [REDACTED] (dated 07/07/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for Naproxen Sodium 550mg #60 :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, no section or page cited, which is a part of MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, pg. 22, relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee sustained an industrial-related injury on November 28, 2011 resulting in chronic neck, low back, and shoulder pain. The records are notable for comments that the employee is status post prior shoulder arthroscopy and labral repair on May 16, 2013 and is still using a sling. The employee was asked to begin physical therapy and home exercises and followup with his psychiatrist and internist while remaining off of work, on total temporary disability. The request is for Naxproxen Sodium 550mg #60.

The medical records indicate, as of the date of the request of June 5, 2013, the employee was less than one month removed from the date of recent shoulder surgery on May 16, 2013. The MTUS Chronic Pain Medical Treatment Guidelines note anti-inflammatory medications such as Naprosyn represent the traditional first-line of treatment. While there is no clear evidence of functional improvement through ongoing usage of Naprosyn, the employee was less than one month removed from the date of surgery when the request for Naprosyn was initiated. The request for Naproxen Sodium 550mg **is medically necessary and appropriate.**

### 2) Regarding the request for Gabapentin 200mg #60:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, no page cited, which is a part of MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Specific pain states, pg. 18, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial-related injury on November 28, 2011 resulting in chronic neck, low back, and shoulder pain. The records are notable for comments that the employee is status post prior shoulder arthroscopy and labral repair on May 16, 2013 and is still using a sling. The employee was asked to begin physical therapy and home exercises and followup with his psychiatrist and internist while remaining off of work, on total temporary disability. **The request is for Gabapentin 200mg #60.**

The MTUS Chronic Pain Medical Treatment Guidelines note there is limited evidence to show that gabapentin or Neurontin is effective in the treatment of postoperative pain. As of the date of the request, June 5, 2013, the employee was less than one month removed from the date of shoulder surgery on May 16, 2013. Continuing the requested gabapentin 200 mg #60 at slightly under the one-month mark of the date of surgery. The request for Gabapentin 200mg #60 **is medically necessary and appropriate.**

**3) Regarding the request for one urine toxicology screen :**  
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, no page cited, which is a part of MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, pg. 43 of 127, part of the MTUS and the ACOEM Practice Guidelines, 3rd Edition, Chronic Pain, General Principles of Treatment, Medications, Table 11: Dosing for Opioids, pg. 567-568, a medical treatment guideline, not part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial-related injury on November 28, 2011 resulting in chronic neck, low back, and shoulder pain. The records are notable for comments that the employee is status post prior shoulder arthroscopy and labral repair on May 16, 2013 and is still using a sling. The employee was asked to begin physical therapy and home exercises and followup with his psychiatrist and internist while remaining off of work, on total temporary disability. **The request is for one urine toxicology screen.**

The MTUS Chronic Pain Medical Treatment Guidelines does endorse drug testing in the chronic pain context present here. The medical records reviewed indicate the employee reportedly had inconsistent drug testing of May 2013. The MTUS does not specifically address the topic of urine drug testing frequency. ACOEM guidelines indicate usage of Urine Drug Testing can identify non-use of medications, hoarding of medications, and selling medications. In this case, the applicant's negative Urine Drug Test of May 8, 2013 supports subsequent Urine Drug Testing. The request for a urine toxicology screen **is medically necessary and appropriate.**

4) **Regarding the request for Alprazolam 1mg #60 :**  
Section of the Medical Treatment Utilization Schedule 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, Mental Illness & Stress, which is a Medical Treatment Guideline (NTG), not a part of MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg. 24, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial-related injury on November 28, 2011 resulting in chronic neck, low back, and shoulder pain. The records are notable for comments that the employee is status post prior shoulder arthroscopy and labral repair on May 16, 2013 and is still using a sling. The employee was asked to begin physical therapy and home exercises and followup with his psychiatrist and internist while remaining off of work, on total temporary disability. **The request is for Alprazolam 1mg #60.**

The MTUS Chronic Pain Medical Treatment Guidelines indicate alprazolam or Xanax is not recommended for long-term use, for pain, depression, anxiety, anticonvulsion, muscle relaxation, etc. A review of the submitted medical records found no compelling rationale accompanied the request for authorization to make a variance. There is no evidence that the employee derived prior benefit or functional improvement through prior usage of the same. **The request for Alprazolam 1mg #60 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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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.