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**Notice of Independent Medical Review Determination**

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/19/2013    |
| Date of Injury:           | 2/6/2006     |
| IMR Application Received: | 7/24/2013    |
| MAXIMUS Case Number:      | CM13-0002962 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for a TENS unit **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a Fentanyl Patch **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 7.5mg #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 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 a TENS unit is **not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a Fentanyl Patch is **not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 7.5mg #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 Physical Medicine & Rehabilitation with a subspecialty in Pain 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 19, 2013.

This is a 49 year old (12/06/1963) with a 02/06/2006 DOI. Cervical spine, psyche and gastric condition are accepted for this claim.

Records show that she was utilizing 4 Norco 10/325 per day and Butrans 2 q week, as well as Flexeril up to two per day in August of 2012, working full time.

A utilization review on 04/02/13 noted that the Butrans had decreased to one per week and Norco to one per day; these were certified for further weaning. Prilosec was non-certified as need was not shown; Flexeril was non-certified as this is supported only for short-term use; Cymbalta 60 mg #30 was non-certified as there was no evidence of neuropathy; TENS one month trial was non-certified as there was no evidence of neuropathic pain, CRPS I or II; need was not shown.

A UR determination on 05/14/13 certified a one month trial of the TENS unit as there was neuropathic pain with radiculopathy. Certified was Norco 10/325 #120 and Butrans 10 mcg #4 as she was working. Flexeril was non-certified, not supported long-term. Cymbalta 60 mg #30 was certified as this is supported for neuropathic pain. Prilosec was non-certified as there were no GI complaints or NSAID use.

On 5/14/13, a one month trial of a TENS was certified; Norco 10/325 #120 was certified; Butrans 10 mcg patch was modified to #4; Cymbalta 60 mg was modified to #30; Flexeril and Omeprazole were non-certified.

Per Dr. [REDACTED] 7/1/13 report, the TENS and medication decrease her pain, spasm, and overall improve her function; she is able to do more self-care activity and allows her to work without interruption.

Called Dr. [REDACTED] office and was told a prescription for Butrans 10 mcg #4 was given on 7/1/13; Norco 10/325 #90 and Flexeril 7.5 mg #60 were dispensed. Fentanyl, Cymbalta, and Prilosec were not prescribed or dispensed on 7/1/13.

### **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
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from [REDACTED]
- Utilization Review Determination by [REDACTED] (7/19/13)

### **1) Regarding the request for a TENS unit:**

#### 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), pages 113-116, 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 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 2/6/2006 with cervical spine, psyche and gastric conditions. The medical records submitted indicate neuropathic pain with radiculopathy. Treatment has included medications and a 1 month TENS unit trial. A request was submitted for a TENS unit.

The MTUS Chronic Pain guidelines indicate that a 1 month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities, with documentation of how often the unit was utilized as well as outcomes in terms of pain relief and function. The clinical notes submitted for review lacked evidence of a decrease in the patient's rate of pain on the visual analog scale as well as an increase in objective functionality with the use of a TENS trial to support the purchase of this unit. The documentation submitted does not support the request. The request for a TENS unit purchase is not medically necessary and appropriate.

### **2) Regarding the request for Fentanyl Patch:**

#### 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 Treatment Guidelines (2009), page 44, 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 2/6/2006 with cervical spine, psyche and gastric conditions. The medical records submitted indicate neuropathic pain with radiculopathy. Treatment has included medications and a 1 month TENS unit trial. A request was submitted for a Fentanyl Patch.

The MTUS Chronic Pain guidelines list 4 domains 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 nonadherent) drug related behaviors. The MTUS Chronic Pain Guidelines also indicate that the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical notes submitted and reviewed lacked evidence to indicate the patient requires 24-hour pain relief. Also the clinical notes do not document the dosage recommended by the requesting provider. The request for a Fentanyl patch is not medically necessary and appropriate.

**3) Regarding the request for Flexeril 7mg #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 Treatment Guidelines (2009), pages 41-42, 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 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 2/6/2006 with cervical spine, psyche and gastric conditions. The medical records submitted indicate neuropathic pain with radiculopathy. Treatment has included medications and a 1 month TENS unit trial. A request was submitted for Flexeril 7.5mg #60.

The MTUS Chronic Pain guidelines indicate that Flexeril is recommended as a short-term course of therapy. The medical records submitted and reviewed indicate the employee has utilized Flexeril for at least a year. The guidelines indicate that treatment with this medication should be brief. Continued Flexeril use is not supported by the guidelines. The request for Flexeril 7.5mg #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.