
Notice of Independent Medical Review Determination

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 6/26/2013
Date of Injury: 1/15/2004
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003076

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the cervical spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 10mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg # 30 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 600mg # 90 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #90 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10mg # 30 **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 6/26/2013. 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 an MRI of the cervical spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 10mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg # 30 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 600mg # 90 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #90 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10mg # 30 **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 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:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 26, 2013

“It is the opinion of the reviewing physician that, The patient is a 54 year-old male. The date of injury was January 15, 2004. The mechanism of injury occurred when he felt back pain while putting a student back into a wheelchair. The current diagnoses are: Neck pain following C5-6 anterior cervical discectomy and fusion, 7/12/07; thoracic sprain; multilevel lumbar disc desiccation and bulging. Treatment has included: 7/12/07 C5-6 anterior cervical discectomy and fusion; medications.

“In the most recent report on file, dated June 4, 2013, Dr. [REDACTED] notes: Subject: Patient presents today with increased neck and upper extremity complaints. Objective: There is

tenderness in the cervical paraspinal muscles and bilateral trapezius muscles. Range of motion is restricted.”

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 7/24/13)
- Utilization Review Determination (Dated 6/26/13)
- Medical Records
- Medical Treatment Utilization Schedule

1) Regarding the request for an MRI of the cervical spine :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Chapter 8, Neck & Upper Back Complaints, pages unknown, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Chapter 8, Neck & Upper Back Complaints, pages 177-178, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 1/15/2004 the employee sustained an injury to the back. Medical records reviewed indicate treatments have included: C5-6 anterior cervical discectomy, fusion and medications. A report dated 6/4/13 indicates the employee has increased neck and upper extremity pain, tenderness in the cervical muscle and range of motion is limited. A request was submitted for an MRI, Flexeril, Prilosec, Gabapentin, Norco and Ambien.

ACOEM Guidelines indicate for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. The employee had a cervical ACDF in 2007 and has not had a post-op MRI despite the radicular symptoms that were reported in a medical record dated 11/6/12. There has been adequate recovery time from the 2007 surgery, and the employee is still having symptoms lasting over 3-4 weeks despite conservative care and observation. The request for an MRI of the cervical spine **is medically necessary and appropriate.**

2) Regarding the request for Flexeril 10mg #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, Cyclobenzaprine (Flexeril®), page 54, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), page 63 to be applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 1/15/2004 the employee sustained an injury to the back. Medical records reviewed indicate treatments included: C5-6 anterior cervical discectomy, fusion and medications. A report dated 6/4/13 indicates the employee has increased neck and upper extremity pain, tenderness in the cervical muscle and range of motion is limited. A request was submitted for an MRI, Flexeril, Prilosec, Gabapentin, Norco and Ambien.

MTUS Chronic Pain Guidelines recommend muscle relaxants be used for short term treatment of acute exacerbations in patients with chronic pain. A reviewed medical report dated 8/23/10 documents bilateral upper trapezius muscle spasms; however, the more recent medical records do not provide any further objective or subjective evidence of ongoing muscle spasms. The request for Flexeril 10mg #90 **is not medically necessary and appropriate.**

3) Regarding the request for a prescription of Prilosec 20mg # 30:

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), NSAIDs, GI symptoms & cardiovascular risk, page 58-59, part of the 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 1/15/2004 the employee sustained an injury to the back. Medical records reviewed indicate treatments included: C5-6 anterior cervical discectomy, fusion and medications. A report dated 6/4/13 indicates the employee has increased neck and upper extremity pain, tenderness in the cervical muscle and range of motion is limited. A request was submitted for an MRI, Flexeril, Prilosec, Gabapentin, Norco and Ambien.

MTUS Chronic Pain Guidelines recommend for the “Treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonist or a PPI.” The employee has been prescribed various NSAIDs including: Naprosyn, Motrin and Toradol injections. A reviewed medical report dated 11/20/12 indicates that current medications give the employee an upset stomach and that taking omeprazole provides relief. Based on the medical records reviewed, the use of Prilosec 20mg #30 **is medically necessary and appropriate.**

4) Regarding the request for Gabapentin 600mg # 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), Gabapentin (Neurontin®), page 49, part of the 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 1/15/2004 the employee sustained an injury to the back. Medical records reviewed indicate treatments included: C5-6 anterior cervical discectomy, fusion and medications. A report dated 6/4/13 indicates the employee has increased neck and upper extremity pain, tenderness in the cervical muscle and range of motion is limited. A request was submitted for an MRI, Flexeril, Prilosec, Gabapentin, Norco and Ambien.

MTUS Chronic Pain Guidelines state “Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Medical records reviewed indicate that the employee has a long history of neuropathic pain, and there is no documentation to support that this medication is not working for the employee. The request for Gabapentin 600mg #90 **is medically necessary and appropriate.**

5) Regarding the request for Norco 10/325mg #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), Opioids, Hydrocodone/Acetaminophen, page 81, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), page 1, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 1/15/2004 the employee sustained an injury to the back. Medical records reviewed indicate treatments included: C5-6 anterior cervical discectomy, fusion and medications. A report dated 6/4/13 indicates the employee has increased neck and upper extremity pain, tenderness in the cervical muscle and range of motion is limited. A request was submitted for an MRI, Flexeril, Prilosec, Gabapentin, Norco and Ambien.

MTUS Chronic Pain Guidelines state “treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition. The duration of continued medication treatment for

chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects..." The medical records reviewed state the employee is taking Norco for cervical paraspinal and upper trapezius muscle pain, and there is no evidence to suggest it is no longer effective. The request for Hydrocodone 10/325mg #90 **is medically necessary and appropriate.**

6) Regarding the request for Ambien 10mg #30:

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), medications, Ambien, a Medical Treatment Guideline (MTG) which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 1/15/2004 the employee sustained an injury to the back. Medical records reviewed indicate treatments included: C5-6 anterior cervical discectomy, fusion and medications. A report dated 6/4/13 indicates the employee has increased neck and upper extremity pain, tenderness in the cervical muscle and range of motion is limited. A request was submitted for an MRI, Flexeril, Prilosec, Gabapentin, Norco and Ambien.

The Official Disability Guidelines state that Ambien is "approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in patients with chronic pain, they are rarely recommended for long-term use. The medical records reviewed indicate the employee has been prescribed this medication since 8/23/10. The request exceeds the recommended time frame for use. The request for Ambien 10mg #30 **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, 18th 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.