

---

**Notice of Independent Medical Review Determination**

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

8/28/2002

7/25/2013

CM13-0003220

- 1) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm 5% #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Robaxin 500mg #90 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Venlafaxine 75mg #60 **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 Lidoderm 5% #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Robaxin 500mg #90 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Venlafaxine 75mg #60 **is 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 July 9, 2013

#### Clinical Rationale

The patient is a 60 year old male with a date of injury of 8/28/2002. Under consideration is the prospective request for 1 prescription of Lidoderm 5% #30, 1 prescription of Norco 10/325mg #60, 1 prescription of Robaxin 500mg #90, and 1 prescription of Venlafaxine 75mg #60.

Review of submitted documentation revealed the patient has been under treatment for chronic low back pain with additional diagnosis of spondylosis. During the most recent visit on 6/24/13, the patient described continued low back pain with constant pain, tingling, burning, and numbness. Current medications include Effexor, Lidoderm, Norco, Skelaxin, and venlafaxine. Upon examination, there was

tenderness at L4 and L5, paraspinal spasm bilaterally, trigger points at L4, L5, bilateral sciatic, and left lumbar paraspinals L4-5, motion was reduced 50%, sensory exam was reduced in the calf, motor exam found weakness in the foot and calf, there was reduced ankle jerk and knee jerk, straight leg raise was positive, and gait was abnormal. Dr. [REDACTED] requested initiation of Lyrica for neuropathic pain 50 mg twice/day, and continuation of Lidoderm patch 5% on/off 12 hours x 1 box, #30 box, Norco 10-325 mg #60, Robaxin 500 mg #90, and venlafaxine Er 75 mg #60.

## **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 (dated 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/9/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for Lidoderm 5% #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, which is part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 112, which is part of the MTUS.

#### Rationale for the Decision:

The employee sustained a work-related injury on 8/28/2002 to the lower back. The medical report of 04/02/2013 documents tenderness at L4 and L5 with paraspinal muscle spasms on both sides, trigger points at the L4 and L5 level and right and left sciatic regions, range-of-motion was reduced by 50% in all planes of the lumbar spine, reduced sensation to the calf, abnormal weakness of the foot and calf, reduced reflexes in the ankle and knee, positive straight leg raise, and abnormal walking. The medical records provided for review indicate treatments have included oral analgesic medications and topical analgesic medications. The request is for Lidoderm 5% #30.

The MTUS Chronic Pain Guidelines indicate that Lidoderm patches are indicated for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclics or SNRI antidepressants or an AED such as gabapentin or Lyrica. The medical records provided for review indicate that the employee had paraspinal muscle spasms and trigger points, and has been prescribed Lidoderm patches; however, the medical record does not indicate the effectiveness of the medication for the employee. The medical records also indicate that the employee was recommended to be treated with Lyrica for neuropathic pain; however, there is no indication of the employee's functional response to the medication. The request for Lidoderm 5% #30 is not medically necessary and appropriate.

### **2) Regarding the request for Norco 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 Guidelines, which is part of the Medical Treatment Utilization

Schedule (MTUS). The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 91, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 8/28/2002 to the lower back. The medical report of 04/02/2013 documents tenderness at L4 and L5 with paraspinal muscle spasms on both sides, trigger points at the L4 and L5 level and right and left sciatic regions, range-of-motion was reduced by 50% in all planes of the lumbar spine, reduced sensation to the calf, abnormal weakness of the foot and calf, reduced reflexes in the ankle and knee, positive straight leg raise, and abnormal walking. The medical records provided for review indicate treatments have included oral analgesic medications and topical analgesic medications. The request is for Norco 10/325mg #60.

The MTUS Chronic Pain Guidelines recommends Norco for moderate to moderately severe pain, and indicates that there should be ongoing monitoring of analgesia, activities of daily living, adverse side effects, and abnormal drug taking behaviors for individuals on opioid analgesics. The medical records provided for review indicate that the employee has been prescribed this medication previously; however, there is no evidence to support the effectiveness of the medication, or improvement in the employee's abilities to undertake activities of daily living. The request for Norco 10/325mg #60 is not medically necessary and appropriate.

**3) Regarding the request for Robaxin 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, which is part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 63-66, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 8/28/2002 to the lower back. The medical report of 04/02/2013 documents tenderness at L4 and L5 with paraspinal muscle spasms on both sides, trigger points at the L4 and L5 level and right and left sciatic regions, range-of-motion was reduced by 50% in all planes of the lumbar spine, reduced sensation to the calf, abnormal weakness of the foot and calf, reduced reflexes in the ankle and knee, positive straight leg raise, and abnormal walking. The medical records provided for review indicate treatments have included oral analgesic medications and topical analgesic medications. The request is for Robaxin 500mg #90.

The MTUS Chronic Pain Guidelines indicate that methocarbamol (Robaxin) is an antispasmodic used to decrease muscle spasms and conditions such as low back pain although it appears that these medications are often used for treatment of musculoskeletal conditions whether spasms are present or not. The medical records provided for review indicate that the employee had muscle spasms on the right and left in the lower back and trigger points, and treatment with Robaxin

would be supported in an effort to decrease spasms. The request for Robaxin 500mg #90 is medically necessary and appropriate.

**4) Regarding the request for Venlafaxine 75mg #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, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 123, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 8/28/2002 to the lower back. The medical report of 04/02/2013 documents tenderness at L4 and L5 with paraspinal muscle spasms on both sides, trigger points at the L4 and L5 level and right and left sciatic regions, range-of-motion was reduced by 50% in all planes of the lumbar spine, reduced sensation to the calf, abnormal weakness of the foot and calf, reduced reflexes in the ankle and knee, positive straight leg raise, and abnormal walking. The medical records provided for review indicate treatments have included oral analgesic medications and topical analgesic medications. The request is for Venlafaxine 75mg #60.

The MTUS Chronic Pain Guidelines indicate that Venlafaxine, also known as Effexor, is recommended as an option in first line treatment of neuropathic pain. The medical records provided for review indicate that the employee has evidence of muscle spasms, trigger points, reduced range-of-motion, tenderness at L4 and L5, weakness of the legs, and decreased sensation and reduced reflexes indicating a significant neuropathic component to the employee's pain. The request for Venlafaxine 75mg #60 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sh

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.