
Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

11/15/2004

7/25/2013

CM13-0003236

- 1) MAXIMUS Federal Services, Inc. has determined the request for **90 Fiorinal is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Lidoderm 5% is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **120 Tylenol with Codeine #4 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Zantac 150mg tab is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **30 Soma 350mg is not 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 7/5/2013. 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 **90 Fiorinal is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription for Lidoderm 5% is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **120 Tylenol with Codeine #4 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Zantac 150mg tab is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **30 Soma 350mg is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer 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 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 5, 2013:

“The patient is a 55 year old female with a date of injury of 11/15/2004. The provider is requesting prospective certification for 90 Fiorinal, one prescription for Lidoderm 5%, 120 Tylenol with Codeine# one prescription for Zantac 150mg tab, 30 Soma 350mg, and one follow-up in four weeks.”

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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/5/13)
- Employee Medical Records from [REDACTED] (received 9/16/13)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 90 Fiorinal:

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

The Claims Administrator did not cite any evidence based guidelines for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 23 Barbiturate-containing analgesic agents (BCAs), which is a part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 11/15/04. The request is for 90 Fiorinal.

MTUS guidelines do not recommend this medication for the treatment of chronic pain because of the potential for drug dependence, rebound headache, and there is no reliable evidence to show increased pain control with usage. A review of the records indicates the employee is adequately managed on the current regimen.

The request for 90 Fiorinal is not medically necessary and appropriate.

2) Regarding the request for 1 prescription for Lidoderm 5%:

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

The Claims Administrator did not cite any evidence based guidelines for its decision.

The Expert Reviewer based his/her decision on MTUS Chronic Pain Guidelines (2009) pg. 56-57, Lidoderm and pg.112, topical analgesics which are a part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 11/15/04. The request is for Lidoderm 5%.

According to CA MTUS chronic pain guidelines, Lidoderm is recommended as a second line agent for neuropathic pain. A review of the medical records do not indicate that this medication has specifically helped the employee or how the employee is using the medication. Also, there is no EMG evidence for radiculopathy from cervical spine. The EMG NCS only showed carpal tunnel. This medication is only recommended for post herpetic neuralgia and can be used in other neuropathic pain syndromes with further research, but this has not been demonstrated in this case. **The request for 1 prescription for Lidoderm 5% is not medically necessary and appropriate.**

3) Regarding the request 120 Tylenol with Codeine #4:

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), which is a part of the MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 80 Opioids for Chronic Pain, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 11/15/04. The request is for 120 Tylenol with Codeine #4.

MTUS guidelines do not initially recommend opioids for chronic use. A review of the records indicates that this employee has been prescribed Tylenol with codeine for an extended period of time. There is no evidence of trial of other medications as the employee continues to have moderate to severe pain. Continued usages require documented evidence of functional improvement. Progress reports document the same level of function and pain and do not evidence trial of other meds. Urine toxicology screens are negative for this medication even though it is continually prescribed. **The request for 120 Tylenol with Codeine #4 is not medically necessary, and appropriate.**

4) Regarding the request Zantac 150mg tab:

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), pg. 68 Proton Pump Inhibitors, which is a part of Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 68, NSAIDs, GI symptoms & cardiovascular risk, which is a part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 11/15/04. The request is for Zantac 150mg.

CA MTUS chronic pain page 68 states: Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions.

A review of the records indicates that the employee does not meet these criteria. The employee was prescribed fional with ASA but this medication has been non certified due to MTUS guidelines. Therefore the zantac is not necessary. Also MTUS recommends a PPI for GI prophylaxis in high risk patients, and zantac is not a PPI it is a H2 antagonist. **The request for Zantac 150g is not medically necessary and appropriate.**

5) **Regarding the request 30 Soma 350mg:**

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) (2009), which is not a part of MTUS, and Chronic Pain Medical Treatment Guidelines, Muscle relaxants, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines pg. 29, Carisoprodol (Soma®), which is a part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 11/15/04. The request is for 30 Soma 350mg.

CA MTUS guidelines do not recommend Soma for long term use. The medication has possible side effects and addiction potential. A review of the records indicates that in addition the employee's drug testing shows inconsistent use. There is no specific documentation of the efficacy of this medication. The guidelines do not recommend the use of this medication, the employee is not actively using it, and there is no documentation of the medications efficacy. **The request 30 Soma 350mg 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;

Paul Manchester, MD, MPH
Medical Director

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

/sce

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.