MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/28/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/10/2013
Date of Injury:	1/13/2003
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003273

1) MAXIMUS Federal Services, Inc. has determined the request for Oxycodone 30mg #180 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Oxycontin 20mg #90 **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #150 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Valium 5mg #30 **is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for Xanax 1mg #30 **is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for Trazodone 150mg #39 with 3 refills **is not medically necessary and appropriate.**

7) MAXIMUS Federal Services, Inc. has determined the request for Zofran 4mg #30 with 3 refills **is not medically necessary and appropriate.**

8) MAXIMUS Federal Services, Inc. has determined the request for Axiron 30mg/1.5 #90 with 3 refills **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 7/10/2013. 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 Oxycodone 30mg #180 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Oxycontin 20mg #90 **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #150 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Valium 5mg #30 **is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for Xanax 1mg #30 **is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for Trazodone 150mg #39 with 3 refills **is not medically necessary and appropriate.**

7) MAXIMUS Federal Services, Inc. has determined the request for Zofran 4mg #30 with 3 refills **is not medically necessary and appropriate.**

8) MAXIMUS Federal Services, Inc. has determined the request for Axiron 30mg/1.5 #90 with 3 refills **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 Internal 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.

Expert Reviewer Case Summary:
This claimant is a 54-year-old male with complaints of chronic pain. On 06/21/2012, he presented to the emergency department for complaints of chest pain. He stated this had been lasting for 3 weeks with associated shortness of breath, worse with exertion. The shortness of breath was also occurring in the middle of the night and waking him up. He stated he had recently been hospitalized but left against medical advice as he did not like the way he was being treated. Medications at that time included Xanax, aspirin,

Soma, Plavix, Valium, Prilosec, Zofran, Percocet, Miralax, Zocor, OxyContin, and oxycodone. Surgical history is significant for back and neck surgery, cholecystectomy, vasectomy, hernia repair, and a liver biopsy. On exam, he had normal heart sounds without murmurs, rubs or gallops. Auscultation of his chest revealed normal respiratory effort. The abdomen was soft and non-distended at that time. He had cranial nerves 2 through 12 that were grossly intact and sensation and strength were preserved. On 06/27/2013, utilization review determination held that the request for a gallium study between 06/24/2013 and 08/25/2013 was certified. On 07/23/2013, he was seen in clinic for pain management progress. Complaints at that time included neck and back pain. He stated he continued with radiation of pain to his bilateral lower extremities. He reported difficult time tolerating pool therapy due to driving long hours and had missed a couple of appointments. Inpatient detox had been requested and he had not been able to discontinue his medications without rapid detox. He had been seen for medical clearance and was in the process of scheduling for cardiac clearance in the form of a stress test. Pain was rated at 4/10 at that time with medications. Medications included Prilosec, Lidoderm 5% patch, Zocor 20 mg, Neurontin 300 mg, Plavix 75 mg, trazodone 150 mg, Zofran 4 mg, Axiron 30 mg/1.5 ml, Miralax, Dexilant, oxycodone 30 mg, OxyContin 20 mg, Zoloft 350 mg, Valium 5 mg, and Xanax 1 mg. The plan was to refill his medications as there is no evidence of abuse, hoarding, diversion or impairment and the plan was to continue medications.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** Oxycodone 30mg #180 **:**
   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 California Chronic Pain Medical Treatment Guidelines, opioids, pg. 78, 88, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

   Rationale for the Decision:
   MTUS Chronic Pain Guidelines advocate the use of the "4 A's" for monitoring individuals on this type of medication. This would include analgesia, adverse side effects, aberrant drug-taking behavior and activities of daily living. Documentation indicated medication weaning had been suggested first in 10/2012 and this weaning was based on lack of functional improvement or adequate pain control while taking opiates. The documentation suggested that theemployee became dependent and was opioid non-responsive or had opioid hyperalgesia. Since modification of weaning was initiated in 10/2012, appropriate tapering should

have already taken place. The request for Oxycodone 30 mg #180 **is not medically necessary and appropriate.**

2) **Regarding the request for** Oxycontin 20mg #90 **:**
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 California Chronic Pain Medical Treatment Guidelines, opioids, pg. 78, 88, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
MTUS Chronic Pain Guidelines advocate the use of the "4 A's" for monitoring individuals on this type of medication. This would include analgesia, adverse side effects, aberrant drug taking behavior and activities of daily living. The records provided for reveiw indicate that the employee has not been aberrant but there is no recent drug screen to indicate otherwise. Pain was rated at 4/10 with medications at this time. The records, however, indicate that the employee has been scheduled for a rapid detox for pain medication. The documentation suggested that the employee became dependent and was opioid non-responsive or had opioid hyperalgesia. Since modification of weaning was initiated in 10/2012, appropriate tapering should have already taken place. The request for Oxycontin 20 mg #90 **is not medically necessary and appropriate.**

3) **Regarding the request for** Soma 350mg #150 **:**
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 California Chronic Pain Medical Treatment Guidelines, carisoprodol, pg. 29, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
MTUS Chronic Pain Guidelines indicate Soma (Carisoprodol) is "not indicated for long-term use." The records indicate this employee has been on this medication for a significant length of time going back as early as 06/2012. Efficacy of this medication has not been demonstrated. The request for Soma 350mg #150 **is not medically necessary and appropriate.**

4) **Regarding the request for** Valium 5mg #30 **:**
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 California Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg. 24, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
MTUS Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence, and limits the use of these to 4weeks. The records indicate this employee has been on this medication for a significant length of time, and weaning of this medication had already taken place, therefore there would be no need for continuation of this medication. The request for Valium 5mg #30 **is not medically necessary and appropriate.**

5) **Regarding the request for** Xanax 1mg #30 **:**
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 California Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg. 24,which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
MTUS Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence, and limit the use of these to 4weeks. The records indicate this employee has been on this medication for a significant length of time, and weaning of this medication had already taken place, therefore there would be no need for continuation of this medication. The request for Xanax 1 mg #30 **is not medically necessary and appropriate.**

6) **Regarding the request for** Trazodone 150mg #39 with 3 refills **:**
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) Pain, which is not a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, antidepressants, pg.13-16, which is a part of MTUS.

Rationale for the Decision:
MTUS Chronic Pain Guidelines indicate that antidepressants for chronic pain are recommended as a first line option for neuropathic pain and there is a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. The medical records submitted for this review also fail to reveal significant objective evidence of anxiety, depression or insomnia. The request for Trazadone 150mg #39 with 3 refills **is not medically necessary and appropriate.**

7) **Regarding the request for** Zofran 4mg #30 with 3 refills **:**
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) Pain, which is not a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department

of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Medication Chapter.

Rationale for the Decision:
The ODG Guidelines further indicate this medication for nausea and vomiting secondary to chemotherapy or radiation treatment. Furthermore, FDA has approved the medication for postoperative use and acute use is FDA approved for gastroenteritis. The records provided for review do not indicate this employee has any of those conditions. The request for Zofran 4mg #30 with 3 refills **is not medically necessary and appropriate.**

8) **Regarding the request for** Axiron 30mg/1.5 #90 with 3 refills **:**
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence-based guidelines for its decision. Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, testosterone replacement, pg. 110-111, which is a part of Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:
MTUS Guidelines indicate this medication for testosterone replacement for hypogonadism related to opioids. The medical records provided for review do not indicate objectively that this employee has a low testosterone level. Current lab results were not provided for this review to objectively document continuation of this medication. The request for Axiron 30mg/1,.5 #90 with 3 refills **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

/hs

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.