

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

7/14/2002

7/29/2013

CM13-0003598

- 1) MAXIMUS Federal Services, Inc. has determined the request for hydrocodone/APAP # 180 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg # 90 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/2/2013. 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 hydrocodone/APAP # 180 is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg # 90 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 Preventive Medicine and Occupational 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 2, 2013:

“ According to the records made available for review. this is a 50-year-old male patient s/p injury 7114/02. The patient most recently (5124113) presented with ongoing low back pain with left leg complaints. He is continuing to have Intermittent spasms into the low back region. Physical examination revealed diffuse left greater than right lumbosacral paraspinal tenderness with limitation in ROM, diminished sensation to the left L4, L5, and S1 dermatomes and to a lesser degree the right L5 dermatome, 4•5 weakness bilateral psoas, quads, hamstring, left TA, evertors, and inverters. Current diagnoses include DDD lumbar spine with radiculopathy, lumbar facet hypertrophy, worsening LE neuropathic complaints, moderate to severe disc space narrowing at L5.S1 greater than L4-5. Treatment to date includes medications (Norco, Medoc patches, and Zanaflex)” Treatment requested is Hydracodone 10-325mg #180 and Tizanidine 4mg #90”

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 7/25/2013
- Utilization Review Determination from Claims Administrator [REDACTED]
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for hydrocone/APAP # 180:

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), page 81 which is part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on MTUS Chronic Pain Medical Treatment Guidelines (2009), pages 80, 86, and 87 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on July 14, 2002 resulting chronic low back pain. The medical records provided for review indicate treatment has involved the following: Analgesic medications; adjuvant medications; and the apparent imposition of permanent work restrictions. The September 12, 2013 states that the employee is able to sleep more comfortably and maintain activities of daily living through ongoing usage of Norco and Norflex. It is stated that the employee is taking the medications as prescribed with no evidence of diversion, deviant behavior, and/or opioid tolerance. The request is for hydrocodone/APAP #180.

MTUS Chronic Pain Medical Treatment Guidelines state some of the cardinal criteria for continuation of opioid therapy include evidence of improved function, reduced pain, and/or successful return to work. The records reviewed indicate improved function and reduced pain through prior usage of Norco. As noted in the guidelines. In this case, the employee meets two of the three criteria and is well beneath caps set in the guidelines for maximum amount of total acetaminophen dosages and morphine equivalent dosage. Therefore, the request for hydrocodone/APAP #180 **is medically necessary and appropriate.**

2.) Regarding the request for Tizanidine 4mg #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), Muscle relaxants, page 63 which is part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on MTUS Chronic Pain Medical Treatment Guidelines (2009) page 66 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on July 14, 2002 resulting chronic low back pain. The medical records provided for review indicate treatment has involved the following: Analgesic medications; adjuvant medications; and the apparent imposition of permanent work restrictions. The September 12, 2013 states that the employee is able to sleep more comfortably and maintain activities of daily living through ongoing usage of Norco and Norflex. It is stated that the employee is taking the medications as prescribed with no evidence of diversion,

deviant behavior, and/or opioid tolerance. The request is for Tizanidine 4 mg #90.

MTUS Chronic Pain Medical Treatment Guidelines state that maximum dosage of tizanidine is 36mg a day. The employee is presently using 6 mg a day. The employee is, seemingly, demonstrating evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of tizanidine. Namely, the employee reports improved functioning and improved performance of activities of daily living through ongoing usage of tizanidine. The employee has returned to work. Therefore, on balance, it appears that the employee is deriving appropriate improvement from usage of tizanidine so as to justify continued treatment. Therefore, the request for Tizanidine 4mg #90 **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, 18th Floor
Oakland, CA 94612

/slm

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.