

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	6/20/2005
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0003822

- 1) MAXIMUS Federal Services, Inc. has determined the request for Vicodin 5/500mg #60 with one refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 10mg #60 with one refill **is not 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 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 Vicodin 5/500mg #60 with one refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 10mg #60 with one refill **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 Family Practice 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 24, 2013:

“The patient is a 56 year old male with a date of injury of 6/20/2005. The provider has submitted prospective requests for 1 prescription of Vicodin 5/500mg #60 with 1 refill and 1 prescription of Flexeril 10mg #60 with 1 refill.

Per the 7/19/2013 progress report by Dr. [REDACTED] the patient's subjective findings included bilateral low back pain radiating to the left thigh, his pain was exacerbated by lifting, twisting, and bending, and it was mitigated by laying down, TENS unit, medications, and ice. Objective findings included tenderness upon palpation in the mid lumbar spine L4-S 1, tenderness to palpation in the lumbar paraspinals overlying L4-S 1 facet joints, pain with palpation, and limited lumbar ranges of motion in all directions. Lumbar extension was worse than lumbar flexion, lumbar discogenic provocative maneuvers were positive, nerve root tension signs were negative bilaterally, reflexes were 2+ in the bilateral patella and 1+ in the bilateral Achilles, and Clonus, Baninski, and Hoffman were negative. Muscle strength was 5/5 in all limbs except 4+/5 in the left anterior tibialis, extensor hallucis longus, left rectus femoris, iliopsoas, and hip flexor. Sensation was decreased to touch in the left L3, L4, and L5 dermatomes. Knee findings included limited flexion at 0-90 degrees, positive medial joint line tenderness, and patella compression was positive. The remainder of the exam was unchanged since last visit. Treatment included Vicodin, Flexeril and a follow up in 8 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 7/29/13)
- Utilization Review Determination from [REDACTED] (dated 7/24/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request Vicodin 5/500mg #60 with one refill:**

##### 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), When to Continue Opioids section, which is part of the California 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 relevant and appropriate for the employee's clinical circumstance.

##### Rationale for the Decision:

The employee sustained a work-related injury on 6/20/2005 to the lower back. The medical report of 7/19/2013 documents right and left low back pain radiating to the left thigh, pain exacerbated by lifting, twisting, and bending, objective findings included tenderness upon touch to the mid lumbar spine, tenderness to touch to the lumbar paraspinals overlying L4-S 1 facet joints, pain with touch, and limited lumbar ranges of motion in all directions. The medical records provided for review indicate treatments have included TENS unit, oral analgesic medications, and acupuncture. The request is for Vicodin 5/500mg #60 with one refill.

The MTUS Chronic Pain Guidelines indicate that there should be documented improvement of pain and functionality with opioid medication, and that expectations, goals and likelihood of weaning should be considered if there is no improvement on opioids. The medical records provided for review do not indicate improvement on this medication. The request for Vicodin 5/500mg #60 with one refill **is not medically necessary and appropriate.**

#### **2) Regarding the request for Flexeril 10mg #60 with one refill:**

##### 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 section, which is part of the California 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 (2009), page 41, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 6/20/2005 to the lower back. The medical report of 7/19/2013 documents right and left low back pain radiating to the left thigh, pain exacerbated by lifting, twisting, and bending, objective findings included tenderness upon touch to the mid lumbar spine, tenderness to touch to the lumbar paraspinals overlying L4-S 1 facet joints, pain with touch, and limited lumbar ranges of motion in all directions. The medical records provided for review indicate treatments have included TENS unit, oral analgesic medications, and acupuncture. The request is for Flexeril 10mg #60 with one refill.

The MTUS Chronic Pain Guidelines indicate that the first four days of Flexeril use are most effective for pain, the administration should be short term, and the addition of other agents is not recommended. The medical records provided for review does not show evidence of improvement on this medication, and the medication was used for a period greater than one year, which exceeds guideline recommendation. The request for Flexeril 10mg #60 with one refill **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, 18<sup>th</sup> 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.