

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 1/18/2001
IMR Application Received: 7/26/2013
MAXIMUS Case Number: CM13-0003872

- 1) MAXIMUS Federal Services, Inc. has determined the request for one (1) urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Norco 7.5/325mg #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Soma 350mg #30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one (1) lumbar spine epidural steroid injection with epidurogram **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/9/2013. 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 one (1) urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Norco 7.5/325mg #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Soma 350mg #30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one (1) lumbar spine epidural steroid injection with epidurogram **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 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.

Expert Reviewer Case Summary:

The patient is a 61-year-old female who reported injury on 01/18/2001. The patient has a long history of being treated for chronic low back pain and leg pain. The patient was noted to have undergone multiple imaging studies. Official studies included for this review were official MRI of the lumbar spine conducted on 11/29/2012 by [REDACTED], MD that revealed: (1) Spondylitic changes. (2) At L1-2, a 1 mm to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing was noted. (3) At L2-3, a 1 mm to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing was noted. (4) At L3-4, a 1 mm to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing was noted. (5) At L5-S1, there was a 1 mm to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Official MRI of the right knee was conducted on 12/06/2012 by [REDACTED], MD that revealed: (1) Globular increased signal intensity posterior horn of the medial meniscus most consistent with intrasubstance degeneration. Tear was not excluded. If clinically indicated, recommend MR arthrogram for further evaluation. (2) Radial tear anterior horn of the lateral meniscus. (3) Joint effusion. Official electrodiagnostic study was conducted on 07/17/2013 by [REDACTED], MD. Findings revealed EMG testing of the bilateral lower

extremities and lumbosacral paraspinal muscles showed findings indicative of right L4-5 nerve root irritation. There was no evidence of entrapment neuropathy or peripheral neuropathy noted. Urine drug screen was conducted on 03/12/2013 by Patient Clinical Analysis Technology. Findings did reveal inconsistent with prescription therapy. Carisoprodol/meprobamate was detected. This medication was not reported as prescribed. Consistent findings with prescription therapy included opioids reported as preliminarily positive with hydrocodone. Hydromorphone was also reported as prescribed and did have consistent findings. The most recent clinical exam dated 06/13/2013 by [REDACTED], MD stated the patient was seen for a followup examination continuing to complain of low back pain which was constant and referral to the right leg which was intermittent. The patient stated she had been feeling a lot of anxiety lately and was getting to the point that she had shortness of breath. The patient rated her pain 6/10 to 7/10 with an average of 7/10 for the past one week. The patient reported a pain score with medication to be 6/10 to 7/10 and without medication 8/10 to 9/10. A urine drug screen was reportedly conducted on 05/24/2013 that was positive for soma, hydrocodone, hydromorphone, and ranitidine. Negative findings were reported for Oxy. Authorization was requested for a urine drug screen, begin gaba-calm 1 sl 3 times daily for anxiety, continue Anaprox DS 550 mg to take by mouth 3 times daily for inflammation and pain, refill Norco 7.5/35 mg 1 by mouth every 6 hours for severe pain, continue Axid 150 mg one by mouth daily for gastroc reflux, continue CytoFlex 2 by mouth in the morning and one by mouth in the evening for inflammation, pain and joint health, continue Medrox patch 1 topical application to the affected lumbar spine and the knee every 12 hours, refill soma 350 mg 1 by mouth every 12 hours, and re-request authorization for lumbar epidural steroid injection with epidurogram x1 and re-evaluation.

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 from Claim Administrator
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one (1) urine drug screen:

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 University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances, Established Patients Using Controlled Substances, page 33, which is not part of MTUS and the Chronic Pain Medical Treatment Guidelines, Frequent random urine toxicology screens, Cautionary red flags for patients that may potentially abuse opioids, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, On-Going Management, page 48

which is part of the MTUS and the Official Disability Guidelines (ODG), Pain Chapter, Criteria for use of Urine Drug Testing, which is not part of MTUS.

Rationale for the Decision:

The Chronic Pain Treatment Guidelines recommend urine drug screen to assess for the use or presence of illegal drugs and are recommended for ongoing management of opioid medications. The use of drug screening for inpatient treatment with issues of abuse, addiction or poor pain control is noted for continuing opioid medications. The Official Disability Guidelines state frequency of urine drug testing should be based on documented evidence of risk. For patients at low risk of addiction/aberrant behavior, the patient should be tested within 6 months of initiation of therapy on a yearly basis thereafter. Patients at moderate risk of addiction/aberrant behavior are recommended for point of contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk for adverse outcomes may require testing as often as once per month. A review of the medical records submitted gives no indication the employee is high risk for adverse outcomes. The employee has previously undergone multiple urine drug screens in 2013, the most recent being 05/24/2013 without any issues or concerns. There is lack of evidence to support the need for an additional screening. **The request for a urine drug screen is not medically necessary and appropriate.**

2) Regarding the request for one (1) prescription of Norco 7.5/325mg #120:

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 Chronic Pain Medical Treatment Guidelines, Hydrocodone/Acetaminophen (Norco) and Criteria for use of Opioids, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain Guidelines indicate that Norco is used for treatment in patients with moderate to moderately severe pain. For opioids to be supported longer than 6 months, pain relief and functional improvement should be documented compared to baseline findings. The records reviewed indicate the employee is continuing to experience of high levels of pain while taking Norco and there is no documentation indicating any functional gains from the use of this medication. **The request for Norco 7.5/325 mg #120 is not medically necessary and appropriate.**

3) Regarding the request for one (1) prescription of Soma 350mg #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 Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain Guidelines state “Soma is not indicated for long-term use and tapering should be individualized for each patient.” A review of the medical records noted the employee has utilizing the requested medication much longer than guidelines recommendations. There is a lack of documentation to support the need for continued use of the Soma beyond the recommended time frame.

The request for Soma 350 mg #30 is not medically necessary and appropriate.

4) Regarding the request for one (1) lumbar spine epidural steroid injection with epidurogram:

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 criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), page 46, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy should be documented by physical examination and corroborated by imaging findings. The patient should be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least a 50% pain relief with associated reduction in medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The records do not document how many lumbar epidural steroid injections the employee has already undergone in the past 2 years, the dates the injections were performed, or subjective/objective findings which would indicate their effect on the employees pain level. **The request for 1 lumbar spine epidural steroid injection with epidurogram 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

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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.