

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/23/2013  
Date of Injury: 7/13/2009  
IMR Application Received: 7/29/2013  
MAXIMUS Case Number: CM13-0004198

- 1) MAXIMUS Federal Services, Inc. has determined the request for Vicodin ES 7.5/750mg #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cidaflex #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for balance therapy two (2) times a week for six (6) weeks **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a urine drug screen **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 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 ES 7.5/750mg #90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cidaflex #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for balance therapy two (2) times a week for six (6) weeks **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a urine drug screen **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 has left-side headaches and neck pain, he has been diagnosed with cervical radiculitis, neck pain, tension headaches, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome and neuropathic pain. from mid 2012 to present, he rated his pain at around 7/10 with medications and 10/10 without. In 2012 he was taking gabapentin and nucynta. On 5/9/13 he was discontinued on nucynta and prescribed the Vicodin ES, tid. On follow-up his pain went up to 8/10. On 2/19/13 he started PT/Balance therapy and was approved for 12 sessions. By 4/11/13 the therapist stated there was improvement, but he needed 12 more sessions. The records show the patient had extensive UDS, he had testing twice in Nov. 2012, once in Dec. 2012 and three times in January 2013. He was not taking any opiates within this timeframe, and the physician does not appear to provide discussion on the results. Particularly, there was a 10/18/12 UDS showing positive for MDA, but there was discussion of this on the 11/29/12 followup.*

### **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 Vicodin ES 7.5/750mg #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 Chronic Pain Medical Treatment Guidelines, Opioids-pain treatment agreement, pg. 89, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Opioids for chronic pain/headaches, pg. 80, which is part of the California Medical Treatment Utilization Schedule (MTUS).

##### Rationale for the Decision:

Medical records submitted and reviewed indicate the employee as having chronic headaches thought to be tension headaches, but most recently they have been called chronic migraines by the neurologist. The employee was going to have Botox injections with Dr Helm for migraines. The records show the employee's pain levels on 5/9/13 were 7.5/10 with meds and 10/10 without. The employee was trialed on Vicodin ES 1 tid, and on follow up 6/6/13 the pain was 8/10, urine drug screen (UDS) confirmed he was on hydrocodone. The Vicodin did not appear to be providing any pain relief. Guidelines state opioids are not recommended for headaches. **The request for Vicodin ES 7.5/750mg #90 is not medically necessary and appropriate.**

#### **2) Regarding the request for Cidaflex #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 Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), page 50, which is part of the California Medical Treatment Utilization Schedule (MTUS)

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines recommend glucosamine and chondroitin for osteoarthritis, especially for the knee. In this case, the employee's records focused on headaches. There is no indication or diagnoses of osteoarthritis. **The request for Cidaflex #90 is not medically necessary and appropriate.**

**3) Regarding the request for balance therapy two (2) times a week for six (6) weeks:**

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, Integrated Treatment/Disability Duration Guidelines Head, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, physical medicine, pgs. 98-99, which are part of the MTUS, and the Official Disability Guidelines (ODG), Head Chapter, Vestibular PT rehabilitation, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Official Disability Guidelines state if the dizziness-related issues is from post-traumatic migraine that specific medications for migraine would be indicated or physical therapy (PT) if neck related. Medical records submitted and reviewed indicate the therapy provided was a form of PT, and the employee had 12 sessions. MTUS does discuss PT and recommends 8-10 sessions for myalgia, neuralgia. The request for additional 12 sessions of balance/PT will exceed the MTUS recommendations. The guideline criteria have not been met. **The request for balance therapy two (2) times a week for six (6) weeks is not medically necessary and appropriate.**

**4) Regarding the request for a 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 Chronic Pain Medical Treatment Guidelines, pg. 77, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Pain chapter, Urine Drug Test, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Steps to avoid opioid misuse, pgs. 43, 94-95, which are part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The issue appears to be the frequency of urine drug test (UDT). Chronic Pain Medical Treatment Guidelines do not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Medical records submitted and reviewed indicate the employee was tested 9 times in the 5 months from 8/23/12 to 1/26/13. The urine drug screen (UDS) states they are inconsistent, but there is no discussion on these by the primary treating provider. From Jan. 2013 to June 2013 there were 5 UDTs. The last 5 UDTs appear to have the medications accounted for, and the employee appears to be a low risk. The frequency of the UDS are not in accordance with the ODG guidelines. **The request for a urine drug screen 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, 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.