
Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	8/3/2003
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004221

- 1) MAXIMUS Federal Services, Inc. has determined the request for Zofran 4mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Methadone 10mg #90 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Dilaudid 4mg #120 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 4 trigger point injections **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 10 cognitive behavioral therapy sessions **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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 Zofran 4mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Methadone 10mg #90 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Dilaudid 4mg #120 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 4 trigger point injections **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 10 cognitive behavioral therapy sessions **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, has a subspecialty in at least five years of experience providing direct patient care 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:

500 pages of records are available for review from 8/31/12 through 7/16/13. The IMR applications shows the employee was injured on 8/2/2003 and currently disputes the 7/8/2013 UR decision. There is a 7/9/13 UR modification letter by [REDACTED] stating the review was on 7/8/13 in response to the physician's 6/11/13 report. The UR letter modified the request for Methadone, Dilaudid, and cognitive behavioral therapy, and denied the request for Zofran, Zanaflex and 4 TPI.

6/11/13 p446, [REDACTED], MD performed TPI x4, Assessment: 1) s/p L5/S1 IVD replacement 2/14/05, 2) revision fusion L3 to S1 R&R hardware 12/10/10, 3) s/p PLIF L3/4, L4/5 and posterior fusion L5/S1 12/16/08. 4) BLE radiculopathy, 5) postlaminectomy syndrome; 6) depression/anxiety, 7) SCS implant 6/29/06, s/p bilateral pulmonary emboli –industrially related, 12/15/06, 9) s/p opiate detoxification 4/19/07,

10) left abdominal wall hernia, 11) revision SCS on 6/1/09, 12) removal of infected SCS 6/10/09, 13) hypogonadism; 14) numerous dental carries, 15) infusion pump implant 6/18/12. Meds: intrathecal morphine 5 mg/day bupivacaine 10mg/day; Dilaudid 4mg 4/day; methadone 10mg 2-3/day; Neurontin 600mg tid; Klonopin 2mg bid; Xanax 1mg qid prn; Mirapex 0.5mg 1-2 bid; Prilosec 20mg 2 qd; Prosom 2mg 1-2qhs; Lidoderm 1-2 patches qd; Zanaflex 4mg 3-4/day; Medical Marijuana; Zofran 4mg qd prn; Androderm; Dentracin topical

5/10/13 p 423, [REDACTED], MD, numerous trigger points palpable throughout lumbar paraspinals. Has significant problems with depression and anxiety. He wants to cut back on Xanax. His psychiatric AME was cancelled. I request 10 sessions of individual CBT to address depression and anxiety. He has chronic myofascial pain over 3-months. Provided 4 TPI.

4/15/13 p413, [REDACTED], MD, last seen 3/27/13 on urgent basis because his leg gave out and exacerbation of back pain. TPI worked quite well, as well as his new medical regimen of methadone and Dilaudid. Intrathecal Morphine at 5mg/day, and bupivacaine at 10mg/day.

3/27/13 p376, [REDACTED], MD had fall on 3/24/13 and on 3/26/13 since the 2 falls increasing back pain. palpable trigger points. On last visit his intrathecal pump will increased from 4.32 mg to 4.76mg/day, he is requesting to go up. Itoday increased morphine from 4.76mg to 4.98mg/day.

3/18/13 [REDACTED], MD, first ESI gave 60% relief, the 2nd 50% relief. He is not interested in further surgical intervention. Meds show Dilaudid decreased from 6/day to 4/day. Intrathecal morphine remains at 4.32mg/day, He is no longer on MS Contin, but Methadone 10mg 2-3/day was added.

3/11/13 p340, TFESI bilateral S1, [REDACTED], MD

2/25/13 UDS negative for gabapentin, Positive for valium and Xanax, morphine and hydromorphone.

2/19/13 p284, [REDACTED], MD, 60% relief with bilateral S1 ESI on 2/11/13, he was able to cut back on the MS contin from 3x/day to 2 tablets/day. His pain is currently 6/10. The medication list still shows MS contin at 3x/day.

2/11/13 p263 TFESI bilateral S1, [REDACTED], MD

1/17/13, p242, [REDACTED], MD assessment remains the same as 9/27/12, the medications remain the same as 9/27/12 except intrathecal Morphine is up from 3.2mg/day to 4.32mg/day, MS Contin 100mg is down from 4/day to 3/day. Dilaudid 4mg remains at 6/day. There is no mention of numeric pain levels, but the patient was described as having ongoing debilitating pain and was requesting to increase the morphine dose.

9/27/12 [REDACTED], MD, infusion pump was implanted on 6/18/12, currently pain is 8/10. Reviews the 5/14/12 AME, noting that TPI were done on a regular basis. He only recommended 4/year. There is no basis for that, since they only last 1 month. I do not use corticosteroids in the injections. Assessment: 1) s/p L5/S1 IVD replacement

2/14/05, 2) revision fusion L3 to S1 R&R hardware 12/10/10, 3) s/p PLIF L3/4, L4/5 and posterior fusion L5/S1 12/16/08. 4) BLE radiculopathy, 5) postlaminectomy syndrome; 6) depression/anxiety, 7) SCS implant 6/29/06, s/p bilateral pulmonary emboli – industrially related, 12/15/06, 9) s/p opiate detoxification 4/19/07, 10) left abdominal wall hernia, 11) revision SCS on 6/1/09, 12) removal of infected SCS 6/10/09, 13) hypogonadism; 14) numerous dental carries, 15) infusion pump implant 6/18/12. Meds: intrathecal morphine 3.2mg/day; MS Contin 100mg 4/day; Dilaudid 4mg 6/day; Neurontin 600mg tid; Klonopin 2mg bid; Xanax 1mg qid prn; Mirapex 0.5mg 1-2 bid; Prilosec 20mg 2 qd; Chlorohydrate 500mg 5 mL qhs; Lidoderm 1-2 patches qd; Zanaflex 4mg 3-4/day; Medical Marijuana; Zofran 4mg qd prn; Androderm; Dentracin topical; Anaprox 550mg bid-discontinued.

9/17/12 UDS- consistent

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 Zofran 4mg #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 Official Disability Guidelines (ODG), Pain, Antiemetics and Ondansetron sections, which are not part of the California 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 guidelines used by the Claims Administrator.

Rationale for the Decision:

The ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. None of the recent reports from the treating physician provide any rationale for the use of Zofran. The use of Zofran does not appear to be in accordance with the guidelines. **The request for Zofran 4mg #30 is not medically necessary and appropriate.**

2) Regarding the request for Zanaflex #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, (2009), Tizanidine and Muscle Relaxants sections, which

are part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 8-9 and 66, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines state assessment of treatment efficacy is accomplished by reporting functional improvement. While the guidelines may suggest long-term use of Zanaflex may be beneficial, there needs to be some indication that it helps this employee either with improved pain or function or quality of life. The documentation submitted for review does not include any reports of functional improvement with use of Zanaflex in the past nine months for this employee. Therefore, continued use is not in accordance with the guidelines. **The request for Zanaflex #120 is not medically necessary and appropriate.**

3) Regarding the request for Methadone 10mg #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, Methadone section, which is part of the MTUS. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 88-89, which is part of the MTUs.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines indicate that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records show the employee has been on long-term opioids. He was being titrated up on the morphine pump and was using MS Contin and Dilaudid. The first record that shows Methadone is dated 3/18/2013. The provider added Methadone 10mg 2-3 times per day, because the MS Contin 100mg three times per day was discontinued. The provider reports efficacy with the methadone, stating it controlled the employee's pain better than MS Contin. The last UDS on 4/15/2013 was negative for benzodiazepines, when the employee was reported to be using Xanax, Klonopin, and Prosom and was positive for fentanyl, which the employee was not reported to be on. It also confirmed the employee was using the Methadone. The employee's pain has improved overall with the methadone and Dilaudid, but the employee still has pain. The use of Methadone appears to be in accordance with the MTUS guidelines. **The request for Methadone 10mg #90 is medically necessary and appropriate.**

4) Regarding the request for Dilaudid 4mg #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, (2009), Opioids, Neuropathic Pain, Weaning of Medications, and Hydromorphone Sections, which are part of the MTUS. The

Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 88-89, which are part of the MTUs.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines state under strategies for maintenance “Do not attempt to lower the dose if it is working”. The records submitted and reviewed indicate the employee has been on long-term opioids and the provider is in the process of weaning the employee off Dilaudid. On 1/17/2013 he was taking Dilaudid 4mg, 6 per day. On 3/18/2013, the employee was taking Dilaudid 4mg, 4 per day. The provider noted the employee is handling the new regimen with Methadone and Dilaudid and that it helps overall but there is still some chronic pain. Therefore, the request appears to be in accordance with the guidelines. **The request for Dilaudid 4mg #120 is medically necessary and appropriate.**

5) Regarding the request for 4 trigger point injections:

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, (2009), Trigger Point Injections section, which is part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 122, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines state no repeat injections unless 50% relief for six weeks and there is documentation of functional improvement. The guidelines further indicate the frequency should not be less than two months apart. The records submitted and reviewed indicate the employee was given four trigger point injections on 5/10/2013 and on 6/11/2013. The employee has trigger points palpable on exam as documented in the clinical notes. However, there is no discussion of ongoing stretching exercises or physical therapy. The exam shows radiculopathy, which according to MTUS should not be present for trigger point injections. The trigger point injections provided were four weeks apart, and there is no documentation of a percentage of pain relief or functional improvement. **The request for 4 trigger point injections is not medically necessary and appropriate.**

6) Regarding the request for 10 cognitive behavioral therapy sessions:

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, (2009), Cognitive Behavioral Therapy section, which is part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 23, 101-102, which are part of the MTUS, and the Official Disability Guidelines (ODG), Cognitive Behavioral Therapy section, which is not part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines recommend psychological therapy for chronic pain. However, for starting behavioral therapies, an initial trial is 3-4 sessions over two weeks, and if there is objective functional improvement, then these can be extended to 10 sessions. Therefore, the request for 10 sessions as an initial therapy exceeds the guideline recommendations. **The request for 10 cognitive behavioral therapy sessions 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
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Oakland, CA 94612

/sab

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