

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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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:	4/27/2007
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004552

- 1) MAXIMUS Federal Services, Inc. has determined the request for 60 Soma 350 mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 40 Fioricet **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 30 Xanax 0.5 mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 60 Norco 10/325 mg **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 8/7/2013. 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 60 Soma 350 mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 40 Fioricet **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 30 Xanax 0.5 mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 60 Norco 10/325 mg **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.

Expert Reviewer Case Summary:

The patient is a 44-year-old female sustained injuries in April 27, 2007. Patient underwent right carpal tunnel release in February 2010. She had prior total disc arthroplasty the cervical spine in March 2011. She also suffered from chronic right shoulder sprain with subscapularis tendon gnosis that was confirmed by an MRI in March 2011.

An orthopedic treatment note on April 16, 2013 showed a diagnosis of: removal of artificial disc in the cervical spine region, strain of the right elbow, strain of the right shoulder, Coppel tunnel of the left wrist, and lumbar strain. Examination of the lumbar spine showed for flexion and extension but patellar reflexes were absent and trace reflexes were found in the Achilles tendon. Sensation the right leg was reduced compared to the left. There was completion of six physical therapy sessions in March 2013. Prescriptions for Fioricet, Loricet, Flexeril were given.

A examination dated May 16 , 2013 notes subjective complaints with pain in the cervical spine, right shoulder, right elbow, right wrist and lumbar spine. Objective examination of the lumbar was noted for progressive radiculopathy based on positive nerve root tension signs. There were over six physical therapy sessions that were given. Patient had failed to demonstrate improvements of subjective symptoms and activity was limited due to pain. She also failed to episodes of steroid injections to her shoulder. The patient's prior intake of Soma was switched to Flexeril do to ineffectiveness of

muscle spasms. At the time Loricet and Fioricet were continued . The Fioricet were used for headaches. Xanax was prescribed for sleep and anxiety.

An orthopedic surgical visit on June 21, 2013 indicated the following: there was persistent lumbar spine complaints of radicular pain with prior findings of an MRI from June 2013 which showed disc bulges in the lumbar spine. The series of epidural spinal injections was recommended. Due to the patient's complaints of anxiety, depression and sleep disruption a psychiatric evaluation was requested. Prescriptions for soma, Fioricet, Xanax and Norco were prescribed.

On July 24, 2013 epidural injections were given in the lumbar spine for treatment of a herniated disc as well as right-sided radiculopathy and lumbar arthropathy.

Soma, Fioricet, Xanax, Norco were requested for use during the dates of June 21, 2013 to August 22, 2013.

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 60 Soma 350 mg :

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, Carsiprodolol, page 29, which his part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carsiprodolol, page 29, which his part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that Carsiprodolol is not recommended for chronic pain or for long-term use. The reviewed records indicate that the employee has been using Soma medications for several months which exceeds guideline recommendations. **The request for 60 Soma 350mg is not medically necessary and appropriate.**

2) Regarding the request for 40 Fioricet :

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, Barbituates, page 23, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Barbituates, page 23, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines state that Fioricet is a barbiturate. Barbiturates have a very high drug dependence rate and there are no clinical studies to show their analgesic efficacy. They are not recommended for chronic pain. The submitted documentation does not document direct benefit from Fioricet as evidenced by pain scale ratings or examination findings. Furthermore the medication is combined with other potential addictive drugs, including soma and opioids. The records do not indicate screening has been performed in this case. **The request for 40 Fioricet is not medically necessary and appropriate.**

3) Regarding the request for 30 Xanax 0.5 mg :

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, Benzodiazepines, page 24, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines do not recommend Xanax for long-term use because the efficacy is unproven and there is a high risk of dependency. The recommended length of time for Xanax is not to exceed four weeks. The submitted documents indicate that the medication was prescribed for anxiety and the employee has been taking this medication for several months without documentation of its efficacy. **The request for 30 Xanax 0.5mg is not medically necessary and appropriate.**

4) Regarding the request for 60 Norco 10/325 mg :

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, page 80, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, page 80, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate the use of opioids for chronic back pain is effective but limited to short-term relief. The guidelines further indicate that long-term efficacy greater than 16 weeks is limited and the prevalence of lifetime substance-abuse increases with long-term use. Norco is used for moderate to moderately severe pain. The reviewed documents did not indicate the employee's response to the long-term use of this medication. There was no evidence of improved function or decreased pain in the records reviewed. **The request for 60 Norco 10/325mg 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.