

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 10/30/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	4/19/2004
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004571

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Neurontin 600mg, #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Zanaflex 4mg, #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Norco 10-325mg, #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Ibuprofen 800mg, #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Nexium 40mg, #30 **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 7/18/2013. 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 1 prescription of Neurontin 600mg, #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Zanaflex 4mg, #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Norco 10-325mg, #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Ibuprofen 800mg, #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Nexium 40mg, #30 **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 Occupational Medicine 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 51 year-old male with a date of injury of 4/19/2004. The patient has neck and bilateral wrist pain, poor sleep quality and gastrointestinal discomfort from medications. The patient walks with a cane has decreased cervical ROM, spasm and tenderness of cervical spine, positive phalens and spurlings. The patient has CRPS of left arm and reports good pain control with TENS unit. The patient reports increasing home exercises.

### **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 1 prescription of Neurontin 600mg, #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, which is a part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, CRPS, pg 41, which is a part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Chronic Pain guidelines state that pharmacological treatment of CRPS (complex regional pain syndrome) includes Neurontin. The records reviewed indicate the employee has been using the medication for extended periods and it has been relieving radicular symptoms. A report dated 6/2013 indicate there has been continued improvement. The request for Neurontin 600mg #120 is **medically necessary and appropriate.**

**2) Regarding the request for 1 prescription of Zanaflex 4mg, #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, which is a part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Muscle relaxants pg. 66, which is a part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain guidelines state that zanaflex is muscle relaxant used for pain. A review of the medical records indicate the employee has neck pain as well as spasms and tenderness in the cervical spine extending to the spine and upper back. The guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The reports from the provider state the employee has increased mobility and function with current medications. The request for prescription Zanaflex 4mg #90 is **medically necessary and appropriate.**

**3) Regarding the request for 1 prescription of Norco 10-325mg, #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, which is part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Opioids, pg. 74, which is a part of the MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain guidelines do not recommend long term opioid use without documented improvements in function or pain. A review of the medical records indicate the employee has some improvement in ability, but there is no

documentation of how the opioids have specifically increased function or decreased pain. The employee still has pain issues related to increased movement. There is no plan documented for the continuation of this medication as suggested by the guidelines. The request for prescription Norco 10-325mg #90 **is not medically necessary and appropriate.**

**4) Regarding the request for 1 prescription of Ibuprofen 800mg, #60:**  
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, which is part of the MTUS. The Expert Reviewer found the Chronic Pain Medical treatment Guidelines-NSAIDs, pg. 22, which is a part of the MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain guidelines state that long term use of NSAIDS is not warranted. The guidelines state that there is no evidence for long-term use of NSAIDS. The guidelines indicate NSAIDs are recommended for osteoarthritis and low back pain, but for only short-term use. A review of the medical records indicates the employee has been using NSAIDs on a long-term basis. The request for prescription of Ibuprofen 800mg #60 **is not medically necessary and appropriate.**

**5) Regarding the request for 1 prescription of Nexium 40mg, #30:**  
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not provide any evidence based guidelines for its decision. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 68, which is a part of the MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain guidelines state that proton pump inhibitors should be used for patients with risk for gastrointestinal (GI) events such as age over 65, history of peptic ulcer, concurrent use of ASA or other steroids or anticoagulants, high dose multiple NSAIDs. A review of the documents submitted for review indicate the employee is not high risk for GI events. The request for prescription Nexium 40mg, #30 **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.