
Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 8/22/1997
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0006129

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Morphine ER (Kadian capsule, extended release) - 80mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Morphine (MSIR immediate release oral tablets) - 15mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine (Fexeril tablets) - 10mg is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one wheelchair is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 **Morphine ER (Kadian capsule, extended release) - 80mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Morphine (MSIR immediate release oral tablets) - 15mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine (Fexeril tablets) - 10mg is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one wheelchair 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 Oklahoma. 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:

This claimant is a 50-year-old female. On 07/19/2012, a primary treating physician's progress report was submitted indicating that she was sitting in a wheelchair with general discomfort. She stated her pain continued and she had increased her Flexeril due to her muscle spasms and was taking it 4 times daily. She stated her legs continued to swell and she elevated them for relief. She was limited in activity secondary to pain and was wearing a back brace at that time. Objective findings revealed that she was unable to ambulate or transfer from a sitting position without assistance. She was sitting in a wheelchair and had moderate bilateral edema. She had tenderness across the low back and lower extremity strength was rated at 3/5. Plan was to continue Opana ER 40 mg every 12 hours, continue MSIR 15 mg every 4 hours, and continue Flexeril 10 mg every 6 hours as needed for muscle spasms, and continue activities as tolerated and return in 2 months. On 06/28/2012, a toxicology screen revealed positive for opiates, morphine, and hydromorphone, negative for oxycodone and oxymorphone, positive for benzodiazepines. It was also positive for Alprazolam. Prescribed drugs were listed as Kadian and morphine sulfate immediate release. It noted she was aberrant for Alprazolam as a prescription for Alprazolam was not

reported. On 09/07/2012, she returned to clinic. At that time, it was noted she had undergone extensive lumbar fusion on 10/13/2011. She had not had any therapy after surgery other than 1 session of water based physical therapy. She stated the services that were sent to pick her up came in a vehicle which was difficult to get in and out of. She is in a wheelchair much of her time but does state she uses a cane and walker around the house. She reports inability to stand upright. She is taking long-term chronic pain medications including Kadian and MSIR which she states she feels do not need to be increased. She reported a lot of back pain throughout her entire back going down her lower extremities. Medications included Cyclobenzaprine HCl, Zoloft, Opana ER, Buspirone HCl, and Alprazolam. She has 4+/5 weakness throughout the entire lower extremities with suspect effort. Wheelchair has wheels on the sides which lock in and out and these appear to be slightly unstable. She is tender to palpation over the entire thoracic/lumbar spine. On 09/28/2012, a toxicology screen was submitted indicating that Alprazolam was not expected with the medication list provided and alpha hydroxyaloprazolam, and Alprazolam metabolite was not expected with the medication list provided. On 03/22/2013, she returned to clinic. Medications at that time included Cyclobenzaprine, Zoloft, Opana ER, Buspirone, and Alprazolam. On exam, she was sitting in a wheelchair and was able to stand with slight forward flexion posture. She was tender to palpation over the entire thoracic spine. Plan was to recommend ongoing water therapy and transition to land. On 07/08/2013, she returned to clinic with further evaluation. At that time, medications included Cyclobenzaprine HCl, Zoloft, Opana ER, Buspirone HCl, and Alprazolam. She reported a difficult time standing upright and was sitting in a wheelchair. She had diffuse 4/5 weakness in the lower extremities slightly worse in the left tibialis anterior compared to the remaining lower extremities. She had diffuse decreased sensation to light touch in a nondermatomal distribution. Plan was to recheck an MRI and she was given a Toradol injection. She was to continue seeing another provider for her medications. On 07/25/2012, x-ray and MRI of the lumbar spine revealed postoperative changes from a posterior spinal fusion, disc desiccation and mild to moderate osteoarthritis of the facet joints at T12-L1, a patent spinal canal, lateral recesses neural foramina at the levels of the fusion at L1-2, L2-3, L3-4, and L4-5 and L5-S1 with degenerative changes of the right sacroiliac joint. On 07/26/2013, she returned to clinic for further evaluation. It was noted she had a fall on 06/09/2013 and saw another provider who ordered an x-ray. It was noted she was not a surgical candidate. Her pain occurred in the middle of her low back and pain was constant. Pain without medications was 9/10 to 10/10 and with medications was 6/10 to 7/10. She had lower extremity strength at 4/5 and light touch sensation deficits were noted in the lower extremities.

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 Morphine ER (Kadian capsule, extended release) - 80mg:

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 Chapter, Online Version, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Initial approaches to treatment, pp. 47-48, which is a part of MTUS, as well as Chronic Pain Medical Treatment Guidelines opioids, pp. 78, 93, which is a part of MTUS, and Other Medical Treatment Guideline or Medical Evidence, which is not a part of MTUS.

Rationale for the Decision:

ACOEM initial approaches to treatment indicate that the physician should discuss the efficacy of medication for the particular condition, side effects, and any other relevant information with the patient to ensure proper use. ACOEM indicate that opiates appear to be no more effective than safer analgesics for managing musculoskeletal and eye symptoms and should be used only if needed for severe pain and only for a short time. Chronic Pain Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates, also known as the 4 A's which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The submitted records indicate that the employee is on morphine ER (Kadian). MTUS Chronic Pain Guidelines also indicate that this medication should be reserved for patients with chronic pain or who are in need of continuous treatment. The submitted records indicate this employee has pain rated at 9/10 to 10/10 without medications and 6/10 to 7/10 with medications. The records further indicate that from approximately 2012 through 2013 the employee has been in a wheelchair and functional status has not improved significantly, still has diffuse pain and sensation is decreased in a nondermatomal distribution. The employee has diffuse decreased strength in the lower extremities rated at 4/5, possibly secondary to being in a wheelchair. The employee has not made any significant functional gains with this medication, and as pain is still rated at 6/10 to 7/10 with this medication, and as a recent drug screen has not been provided to document the 4 A's, as recommended by MTUS Chronic Pain Guidelines, the continuation of this medication is not supported at this time by the records or by ACOEM and Chronic Pain Guidelines. **The request for Morphine ER (Kadian capsule, extended release) - 80mg is not medically necessary and appropriate**

2) Regarding the request for Morphine (MSIR immediate release oral tablets) - 15mg:

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 Chapter, Online Version, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Initial approaches to treatment, pp. 47-48, and the Chronic Pain Medical Treatment Guidelines opioids, pp. 78, 93, which are a part of MTUS, and Other Medical Treatment Guideline or Medical Evidence, which is not a part of MTUS.

Rationale for the Decision:

ACOEM initial approaches to treatment indicate that the physician should discuss the efficacy of medication for the particular condition, side effects, and any other relevant information with the patient to ensure proper use. ACOEM indicate that opiates appear to be no more effective than safer analgesics for managing musculoskeletal and eye symptoms and should be used only if needed for severe pain and only for a short time. Chronic Pain Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates, also known as the 4 A's which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The submitted records indicate that the employee is on morphine ER (Kadian). MTUS Chronic Pain Guidelines also indicate that this medication should be reserved for patients with chronic pain or who are in need of continuous treatment. The submitted records indicate this employee has pain rated at 9/10 to 10/10 without medications and 6/10 to 7/10 with medications. The records further indicate that from approximately 2012 through 2013 the employee has been in a wheelchair and functional status has not improved significantly, still has diffuse pain and sensation is decreased in a nondermatomal distribution. The employee has diffuse decreased strength in the lower extremities rated at 4/5, possibly secondary to being in a wheelchair. The employee has not made any significant functional gains with this medication, and as pain is still rated at 6/10 to 7/10 with this medication, and as a recent drug screen has not been provided to document the 4 A's, as recommended by MTUS Chronic Pain Guidelines, the continuation of this medication is not supported at this time by the records or by ACOEM and Chronic Pain Guidelines. **The request for Morphine (MSIR immediate release oral tablets) - 15mg is not medically necessary and appropriate.**

3) Regarding the request for Cyclobenzaprine (Fexeril tablets) - 10mg:

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. 67, as well as Official Disability Guidelines (ODG), Pain Chapter, Online Version, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) initial approaches to treatment, pp. 47-48, and the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, Muscle Relaxants, pp. 41-42, 63-66, which are part of the MTUS.

Rationale for the Decision:

ACOEM in initial approach to treatment guidelines, indicate that the physician should discuss the efficacy of medication for the particular condition, its side

effects, and any other relevant information with the patient to ensure proper use. MTUS/ACOEM indicates that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems and using them in combination with NSAIDs has no demonstrated benefit although they have been shown to be useful as antispasmodics. MTUS Chronic Pain Guidelines further indicate the muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically for this medication, MTUS/ACOEM Guidelines indicate that Cyclobenzaprine (Flexeril) is recommended as an option using a short course of therapy. MTUS Chronic Pain Guidelines indicate the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. The submitted records indicate this employee reports pain rated at 6/10 to 7/10 with medication. The records do not indicate that the employee has significantly improved condition with this medication as the employee has been continued in a wheelchair for a significant length of time and continues to have diffuse weakness, diffuse sensory loss, and diffuse pain. **The request for Cyclobenzaprine (Flexeril tablets) - 10mg is not medically necessary and appropriate.**

4) Regarding the request for one wheelchair:

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, Knee Chapter, Online Version, which is not a part of 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 Official Disability Guidelines (ODG, Knee Chapter, Online Version, as well as Other Medical Treatment Guideline or Medical Evidence.

Rationale for the Decision:

Official Disability Guidelines indicate that durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Official Disability Guidelines goes further, indicating that a manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in the residence and if it is prescribed by a physician. The records however, indicate this employee was able to walk in the home using a cane and/or a walker and continues to have diffuse weakness in the lower extremities, possibly secondary to continued sitting in a wheelchair. The records also indicate the employee already has a wheelchair. The rationale for providing the employee with another replacement wheelchair at this time has not been demonstrated and would be in all medical probability detrimental to condition as the employee continues to have weakness in the lower extremities, possibly secondary to sitting in a wheelchair. **The request for one wheelchair 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

/sce

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.