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**Notice of Independent Medical Review Determination**

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	9/10/1998
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006354

- 1) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 10mg #60 with 1 refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zoloft 50mg #60 with 1 refill **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Lorazepam 1mg #90 with 1 refill **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #240 with 1 refill **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Butrans 5mcg/hr #4 with 1 refill **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Back brace **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 Flexeril 10mg #60 with 1 refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Zoloft 50mg #60 with 1 refill **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Lorazepam 1mg #90 with 1 refill **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #240 with 1 refill **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Butrans 5mcg/hr #4 with 1 refill **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Back brace **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 was injured on 9/10/1998 and has been diagnosed with failed back syndrome. She subsequently developed various other physical and psychological conditions. The AME noted despite undergoing partial detoxification and going through a FRP she remained on considerable amounts of medications, was severely depressed, had GI distress, sleep disturbance, incontinence, cognitive deficits, weight gain, dental caries, and considerable physical disability.

9/7/12 [REDACTED], she alternates between Suboxone for several days, then Norco for several days. Current Meds: Flexeril 10 mg q 6-8 h; Zoloft 50mg bid; tramadol 50mg q4-6 h; Butrans 5mcg/hr patch 1 every 5 days; Lorazepam 1mg q6h; tegaderm 6x8"; Norco 10/325 4-6h and 1 every 3h and 1 every 4 hr; Suboxone 8mg-2mg SI film ½-1 flm every 4 hr. Pt was instructed not to exceed 4/day Suboxone on any given day or 6/day Norco.

1/8/13 [REDACTED], MD Current Meds: Flexeril 10 mg q 6-8 h; Zoloft 50mg bid; tramadol 50mg q4-6 h; Butrans 5mcg/hr patch 1 every 5 days; Lorazepam 1mg q6h; tegaderm 6x8"; Norco 10/325 1 every 4 h and Norco 10/325 1 every 3h and Norco 10/325 1 every 4 hr; Suboxone 8mg-2mg SI film ½-1 flm every 4 hr. Dr [REDACTED] states up to 8 Norco/day.

4/30/13 [REDACTED], MD Current Meds: Flexeril 10mg q6-8 h, Zoloft 50mg bid; Lorazepam 1mg q6h; Norco q3h; Suboxone 8mg-2mg film, ½ to 1 film subliguil q4h. writes prescription for Butrans 5mcg 1/week; Norco q3h #10; Flexeril 10 q6-8h. Zoloft 50mg bid; lorazepam 1mg q6h; norco q3h #240 status continues to decline. Several falls at home. becoming more depressed, spending more time in bed.

8/20/13 AME supplemental, [REDACTED], MD, When I saw her on 7/20/09 despite undergoing partial detoxification and going through a FRP she remained on considerable amounts of medications, was severely depressed, had GI distress, sleep disturbance, incontinence, cognitive deficits, weight gain, dental caries, and considerable physical disability. Dr [REDACTED] on 12/21/09 discussed weaning Ativan and buprenorphine. I note on 5/15/12 she developed sensitivity to the Butrans patch. On 7/13/12 she did not tolerate the Suboxone tablets. Dr [REDACTED] suggested another FRP effort. It is difficult to address the request . the patient sounds too debilitated and to be on too much medication to be admitted directly to a FRP. The AME suggests referral to the [REDACTED] for consideration of admission.

#### **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 Flexeril 10mg #60 with 1 refill :**

##### 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. 41, Cyclobenzaprine (Flexeril®), which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 63-66-Muscle relaxants, which is a part of the MTUS.

##### Rationale for the Decision:

A review of the records indicates this case is complicated and non-typical. However, with SB863, LC4610.5(2) has defined "medical necessity" to *mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards,*

*which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition* The highest standard is MTUS. The request is not in accordance with MTUS guidelines. MTUS specifically states Flexeril is not recommended to be used longer than 2-3 weeks. The available records show the employee was using it since Sept. 2012. **The request for Flexeril 10mg #60 with one (1) refill is not medically necessary and appropriate.**

**2) Regarding the request for Zoloft 50mg #60 with 1 refill :**

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), pg.13, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Antidepressants for Chronic Pain, Antidepressants, pg. 13-16, which is a part of MTUS.

Rationale for the Decision:

MTUS Guidelines indicate Zoloft is an antidepressant from a class of drugs called Selective serotonin reuptake inhibitors (SSRIs). It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. A review of the medical records indicates the employee is reported to have developed depression secondary to the chronic pain/failed back syndrome. **The request for Zoloft 50 mg #60 with 1 refill is medically necessary and appropriate.**

**3) Regarding the request for Lorazepam 1mg #90 with 1 refill :**

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), Benzodiazepines section, pg. 24, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 24-benzodiazepines, which is a part of the MTUS.

Rationale for the Decision:

**Benzodiazepines**

Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). A review of the records indicates the

employee has been on the same dose of Lorazepam since Sept. 2012. MTUS does not recommend use of benzodiazepines longer than 4 weeks. The request is not in accordance with MTUS guidelines. **The request for Lorazepam 1mg #90 with one (1) refill is not medically necessary and appropriate.**

**4) Regarding the request for Norco 10/325mg #240 with 1 refill :**

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), pg. 78, which is a part of the MTUS.

The Expert Reviewer based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 11, Pain Interventions and treatments, which is a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that the employee may not be responding well to the current medications. The physician appears to acknowledge this and suggested re-trying a functional restoration program (FRP). The AME felt a referral to the [REDACTED] might be a better course, then possible try the FRP. MTUS does not require discontinuing medication for pain if there is an unsatisfactory response. MTUS does state that treatment shall continue as long as pain persists. MTUS states if there is unsatisfactory response, “ *the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.*” Which appears to be what the treating physician did, but the program was denied by UR and the AME suggested other treatment. The use of Norco during the timeframe when the physician can find a more effective therapeutic modality that can be approved by UR, is in accordance with MTUS guidelines. **The request for Norco 10/325mg #240 with one (1) refill is medically necessary and appropriate.**

**5) Regarding the request for Butrans 5mcg/hr #4 with 1 refill :**

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 California MTUS Guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 8, Pain Outcomes and Endpoints, pg.11, Pain Interventions and Treatments, pg. 26-27, Buprenorphine, which is a part of MTUS.

Rationale for the Decision:

Treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex® and Suboxone®): Recommended. When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) Buprenorphine’s pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids.

Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids (e.g., methadone) have shown poor outcomes. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected. (McNicholas, 2004) (Helm, 2008). A review of the records indicates that the employee meets MTUS criteria for Buprenorphine. There is history of opioid addiction, and high levels of pain. There was some concern from reading the AME's report who noted the employee developed sensitivity to the patches back in May 2012. But from looking at the treating physician's notes, the employee has been stable with the Butrans patches since Sept. 2012. **The request for Butrans 5mcg/hr #4 with one (1) refill is medically necessary and appropriate.**

**6) Regarding the request for Back brace :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pp. 301, Lumbar supports, 308, Table 12-8, Summary of Recommendations, which is a part of MTUS.

Rationale for the Decision:

MTUS/ACOEM chapter 12, states Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. A review of the records indicates that the injury was back in 1998 and the employee is beyond the acute phase of care. The request for a back brace is not in accordance with ACOEM guidelines. **The request for Back brace 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  
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Oakland, CA 94612

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