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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/18/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/16/2013
Date of Injury:	2/10/2003
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006705

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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 the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old female who sustained an occupational injury on 02/10/2003. The patient's diagnoses include sacroiliitis, cervical disc degeneration, disc disorder of the cervical spine, and post cervical laminectomy syndrome. The most recent documentation from 08/15/2013 indicates the patient presents for follow up with complaints of neck and lower back pain. The most recent objective documentation on file is from 06/2013, which indicates tenderness to the S1 left sacroiliac joint with lumbar facet tenderness, a positive Gaenslen's, straight leg testing was negative, Faber test is positive, the patient's range of motion with flexion was limited to 10 degrees due to pain, extension was limited to 20 degrees, lateral rotation of the left limited to 90 degrees, and lateral rotation of the right was limited to 90 degrees. The patient's motor strength test was normal, but she demonstrated decreased sensation in the second through fifth digits of the left hand. The patient's current medication regimen includes Topamax 100 mg, Colace100 mg, senna 8.6 mg, Lorazepam 1 mg, Lunesta 3 mg, Flexeril 10 mg, morphine sulfate 15 mg, MS Contin 60 mg, Lidoderm 5% patch, Compazine 10 mg, cevimeline 30 mg, omeprazole 20 mg, Axert 12.5 mg, and hydroxyzine 25 mg.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Lorazepam 1.0mg #15, refill: 3 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section Benzodiazepines, pg. 24, which is part of MTUS.

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

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines indicate that benzodiazepines, like Lorazepam/Ativan, are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. Furthermore, guidelines indicate that a more appropriate treatment of anxiety disorder is an anti-depressant. The documentation provided for review indicates that the employee has been utilizing this medication for greater than six months. While the employee did present very emotional and labile and may indeed benefit from treatment for anxiety or depression, the continued use of a benzodiazepine cannot be supported. **The request for Lorazepam 1.0mg #15, refill: 3 is not medically necessary and appropriate.**

2. Lunesta 3mg tab #30, refill: 3 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Section Pain, Insomnia Treatment, which is not part of MTUS.

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines indicate that pharmacological agents should only be used in the treatment of insomnia after careful evaluation of potential causes of the sleep disturbance. Primary insomnia is generally addressed pharmacologically. Non-benzodiazepine sedative hypnotics like Lunesta are considered first-line medications for insomnia. While the guidelines indicate that Lunesta has demonstrated reduced sleep latency and sleep maintenance, it has not been studied for duration of use greater than a 6 month period. The documentation provided for review indicates the employee has now been using the non-benzodiazepine sedative hypnotic Lunesta for sleep hygiene for greater than a 6 month period of time. Furthermore, there is a lack of documentation in the file to indicate that the employee has been evaluated for potential causes of sleep disturbance. Given the excessive nature of the request, along with the lack of

documentation to indicate any prior evaluation for the cause of the employee's sleep disturbance along with the high potential for dependence with this medication, the continued use of Lunesta 3 mg cannot be supported. **The request for Lunesta 3mg tab #30, refill:3 is not medically necessary and appropriate.**

3. Senna 8.6mg #60, refill: 3 is medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Initiating Opioid Therapy, pg. 77, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines indicate that when initiating opioid therapy, the prophylactic treatment of constipation should be initiated. The documentation provided for review currently indicates the employee is taking more than 1 opioid analgesic in the form of morphine sulfate and MS Contin for control of chronic back pain. Given that guidelines' recommendations do indicate that the prophylactic treatment of constipation should be initiated for the ongoing use of opioids, the request for senna 8.6 mg #60 with 3 refills does meet guideline recommendations. **The request for Senna 8.6mg #60, refill: 3 is medically necessary and appropriate.**

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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.

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