

---

**Notice of Independent Medical Review Determination**

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/17/2013  
Date of Injury: 9/19/2008  
IMR Application Received: 8/6/2013  
MAXIMUS Case Number: CM13-0006884

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve cognitive behavior therapy sessions is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **cervical epidural steroid injection (ESI) with rhizotomy C7-T1 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm patches 5% #30 is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #60 is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Oxycontin 40mg #60 is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **TENS pads is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 9/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **twelve cognitive behavior therapy sessions is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **cervical epidural steroid injection (ESI) with rhizotomy C7-T1 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm patches 5% #30 is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #60 is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Oxycontin 40mg #60 is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **TENS pads is 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 will be 48 YO on 11/13/2013. He apparently has multiple injury dates and claims. The 7/17/13 UR letter states he injured his neck and shoulder on 9/19/08. The 8/27/12 PR2 shows an injury on 2/19/06 involving the left shoulder. The 9/20/12 AME, shows a 8/16/10 injury to the right knee from carrying a 50-60 pound box and dropping it. Dr. [REDACTED], on his 6/25/13 report notes the denials in question, pertain to the cervical spine, and the medications and TENS pads pertain to the left shoulder. The patient has had a left shoulder revision surgery on 5/1/12, and has further recommendations for a left shoulder replacement. There is an EMG 6/23/11 revealed left C6 and C7 radiculopathy. 7/5/13 MRI of the left brachial plexus was negative for

TOS. Most recent C7/T1 interlaminar ESI was on 2/14/13. It was reported to reduce pain from 7-8 to 4-5 (20-50%) and the paresthesia in the 1<sup>st</sup> and 2<sup>nd</sup> digits subsided.

### **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 twelve cognitive behavior therapy sessions:**

##### 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, and the Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Behavioral interventions, pg. 23, which is part of the MTUS, and the Official Disability Guidelines (ODG), cognitive Behavioral Therapy (CBT) guidelines for chronic pain, which is not part of the MTUS.

##### Rationale for the Decision:

The 11/6/12 PR2 states the employee completed 12 sessions of CBT, but does not mention efficacy. Chronic Pain Medical Treatment Guidelines, under Behavioral interventions, pg 23, states this is recommended, and often more useful in the treatment of pain than ongoing medication or therapy. MTUS recommends a trial of 3-4 sessions over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The request for 12 sessions exceeds MTUS recommendations, and it is unclear if the first 12 sessions provided any objective functional improvement. **the request for twelve cognitive behavior therapy sessions is not medically necessary and appropriate.**

#### **2) Regarding the request for cervical epidural steroid injection (ESI) with rhizotomy C7-T1:**

##### 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints, Chapter 8, which is part of the MTUS, and the

Official Disability Guidelines (ODG), Neck and Upper Back, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), and the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs) pg. 46, which are part of the MTUS.

Rationale for the Decision:

MTUS criteria for repeat ESI requires: “objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks” In this case, there was only 20-50% relief, no documentation of duration, no mention of any associated reduction in medications. It does not appear to meet the MTUS criteria for a repeat ESI. ACOEM states cervical neurotomy (rhizotomy) may be effective in reducing cervical facet joint pain among patient who had positive response to facet injections. I did not see documentation that the employee had diagnostic cervical facet injections. The employee does not appear to meet MTUS/ACOEM criteria for rhizotomy. **The request for cervical epidural steroid injection (ESI) with rhizotomy C7-T1 is not medically necessary and appropriate.**

**3) Regarding the request for Lidoderm patches 5% #30:**

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 for chronic pain, pg. 80, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidoderm (lidocaine patch), pgs. 56-57, and Topical Analgesics pgs. 111-113, which are part of the MTUS.

Rationale for the Decision:

MTUS states lidocaine patches are recommended for localized peripheral pain after trial of first-line therapy, such as Lyrica. The records show the employee was prescribed Lyrica by on 7/17/12, it was also mentioned that the employee was still using Lyrica. The employee is reported to use the Lidoderm patch over the left shoulder supraclavicular area that is tender to palpation. The employee is also reported to have neuropathic and nociceptive pain. The guideline criteria have been met. **The request for Lidoderm patches 5% #30 is medically necessary and appropriate.**

**4) Regarding the request for Norco 10/325mg #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, Opioids for chronic pain, pg. 80, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Long-term Opioid use, pgs 88-89, which is part of the MTUS.

Rationale for the Decision:

The records indicate the employee has been on opioids since 2010. The 6/6/2013 PR2 states neck and supraclavicular pain are 8-9/10 without medication and 6/10 with medication. The employee was using OxyContin 40mg bid, and Norco bid, for pain. The MTUS “Long-term Users of Opioids (6-months or more)” section would appear to be appropriate. This section states a satisfactory response to treatment may be the patient’s decreased pain. This section also states under Strategies for maintenance, “Do not attempt to lower the dose if it is working.” The guideline criteria have been met. **The request for Norco 10/325mg #60 is medically necessary and appropriate.**

**5) Regarding the request for Oxycontin 40mg #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, Opioids for chronic pain, pg. 80, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Long-term Opioid use, pgs 88-89, which is part of the MTUS.

Rationale for the Decision:

The records indicate the employee has been on opioids since 2010. The 6/6/2013 PR2 states neck and supraclavicular pain are 8-9/10 without medication and 6/10 with medication. The employee was using OxyContin 40mg bid, and Norco bid, for pain. The MTUS “Long-term Users of Opioids (6-months or more)” section would appear to be appropriate. This section states a satisfactory response to treatment may be the patient’s decreased pain. This section also states under Strategies for maintenance, “Do not attempt to lower the dose if it is working.” The guideline criteria have been met. **The request for Oxycontin 40mg #60 is medically necessary and appropriate.**

**6) Regarding the request for TENS pads:**

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, for TENS, Criteria for the use of TENS, pgs. 114-121, which are part of the MTUS.

Rationale for the Decision:

The employee already has the TENS unit, The request is for replacement pads. The employee is reported to use it 3x/week. The employee met the MTUS criteria for a TENS unit. The TENS unit would not be much benefit without pads. The pads should be considered part of the TENS unit and would be necessary as long as the TENS unit is necessary. **the request for TENS pads is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ldh

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.