
Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/11/2013

10/11/2011

8/5/2013

CM13-0007019

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 cervical epidural injection at C5-C6 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Norco is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Topamax is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Prilosec is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Venlafaxine is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Alprazolam is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 cervical epidural injection at C5-C6 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Norco is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Topamax is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Prilosec is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Venlafaxine is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Alprazolam 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 worked as a butcher. On 10/11/11 the patient was carrying a heavy pan of pork and slipped and fell on the buttocks. According to the 7/10/12 QME by Dr [REDACTED], the patient had pain all over. The patient had an EMG/NCV on 1/16/12, that showed moderate right and mild left CTS, no radiculopathy in cervical or lumbar areas. MRI from 1/11/12 shows disc bulge 3-4mm indenting the thecal sac. The neural foramina appear patent. The cord and facets are normal.

7/15/13 [REDACTED], MD, pt taking meds PRN basis, cut back on Norco 3-4/day to 1/day. Without norco, pain is 8/10 with pain is 4/10 SLR positive at 75 degs. decreased shoulder motion. Plan was for alprazolam, 1mg ½ tabs, stop in one month. No need for topomax/Prilosec.

8/12/13 PR2, [REDACTED], MD, moderate pain, stiffness, weakness, cervical and lumbar spine and left shoulder. No change in lumbar spine or shoulder, but cervical spine is

worse. Recommends CESI, Norco 5/325mg po qd; Venlafaxine ER 75mg for depression.

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 cervical epidural injection at C5-C6 :

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, Epidural Steroid Injections, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI), page 46, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines criteria for epidural injections indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical records do not provide subjective or objective findings of radicular symptoms. The EMG/NCV did not show radiculopathy, and the cervical MRI showed patent neural foramina with no mention of nerve root compression. The request does not meet the MTUS criteria for ESI. **The request for 1 cervical epidural steroid injection at C5-6 is not medically necessary and appropriate.**

2) Regarding the request for 1 prescription of Norco :

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 the Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints, page 8 and Pain Interventions and Treatment, page 11, which is part of the MTUS

Rationale for the Decision:

The MTUS Chronic pain Guidelines indicate that pain shall be treated for as long as it persists. According to the 7/15/13 report from the treating provider, the employee has good results with the Norco. The records indicate it is only being used on an as needed basis and the prescription is for 5/325mg 1/day. The

provider indicates that the employee is being tapered off and was taking 3-4/tablets per day. The records note the pain is 8/10 without medication and decreases to 4/10 with Norco. The use of Norco is in accordance with MTUS guidelines. **The request for 1 prescription of Norco is medically necessary and appropriate.**

3) Regarding the request for 1 prescription of Topamax :

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 the Chronic Pain Medical Treatment Guidelines, Topamax, page 21, which is part of the MTUS and the Official Disability Guidelines (ODG), Head Chapter, Anticonvulsants, which is not part of the MTUS.

Rationale for the Decision:

The MTUS Chronic pain Guidelines recommend Topamax for neuropathic pain when other anticonvulsants fail. The records show the employee was suspected of having cervical and lumbar radiculopathy, for which epidural injections were requested. However, electrodiagnostic studies did not show radiculopathy, but noted problems with the median nerve at the wrist bilaterally. There were no reports that documented clinical carpal tunnel syndrome (CTS) or any subjective complaints of CTS. A clinical note dated 10/1/12 indicates Topamax was requested for headaches. The ODG indicate Topamax is for severe traumatic brain injury (TBI) and for prophylaxis of seizures. The records do not indicate the employee has suffered a TBI and there is no mention of failure of other anti-epileptic drugs, although gabapentin topical was suggested at one point. **The request for 1 prescription of Topamax is not medically necessary and appropriate.**

4) Regarding the request for 1 prescription of Prilosec :

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 the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, which is part of the MTUS.

Rationale for the Decision:

The MTUS does not specifically discuss Prilosec, but it is mentioned under the NSAID section. The MTUS Chronic Pain Guidelines, recommend proton-pump inhibitors (PPI) (Prilosec) for patients at risk for gastro-intestinal (GI) events or taking high doses of NSAIDs. The physician noted that the employee is not able to tolerate NSAIDs and the records do not indicate the employee is currently taking NSAIDs. The records show the employee did have a history of GI distress

back at the end of 2012, but did not appear to be using any NSAIDs at that time, and the records do not document current risk factors. The physician withdrew the request for Prilosec, and it is not in accordance with guideline recommendations. **The request for 1 prescription of Prilosec is not medically and appropriate.**

5) Regarding the request for 1 prescription of Venlafaxine :

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 the Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain, page 13-16, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that Venlafaxine is FDA-approved for anxiety, depression, panic disorder, and social phobias. The records show the employee has chronic pain, as well as depression and anxiety. The request is in accordance with MTUS guidelines. **The request for 1 prescription of Venlafaxine is medically necessary and appropriate.**

6) Regarding the request for 1 prescription of Alprazolam :

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 the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use and that most guidelines limit use to four weeks. The submitted records indicate that the employee is having anxiety symptoms. The treating provider indicated in the notes that Xanax (Alprazolam) was to stop in one month which is in accordance with guideline recommendations. The request for Alprazolam is indicated. **The request for 1 prescription of Alprazolam 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, 18th Floor
Oakland, CA 94612

/bh

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.