

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	8/22/2000
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007256

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Nexium 20 mg #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg #90 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm patches 5% is not 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 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **Nexium 20 mg #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg #90 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm patches 5% 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:

57 year-old male with 8/22/00 date of injury

8/1/13 note by Dr. [REDACTED] patient is depressed and tearful, sleeps poorly, scheduled to have a spinal stimulator surgically implanted.

7/25/12, report by Dr. [REDACTED] medications are Norco q6, flexeril tid, Cymbalta 60 qd, senokot, Lidoderm 5% patches 3/day, Prilosec for reflux and gastritis due to medications. No discussion regarding how the patient is doing with medications. Listed diagnosis include failed back surgery, chronic pain syndrome, L3-4 fusion from 2007, status post (s/p) L4-S1 fusion, stenosis at L2-3, left knee pain, insomnia, anxiety and depression, gastrointestinal GI reflux and abdominal pain, myofascial pain. Patient described heart burn and acid reflux throughout the day. With 40% overall relief with pain with medications.

7/22/13, Dr. [REDACTED] note, neck pain improved with spinal cord stimulator (SCS) placement, low back at 6/10. Recommended C-esi. Also Medrox given.

7/2/13, Dr. [REDACTED] note, no medications for a week, sleeps 3 hours a night, patient is stable. Wellbutrin, Klonopin, Viagra, Ambien, Ativan, senokot.

6/19/13, physician's note, neck pain at 8/10, low back at 7/10, symptoms feel worse. 30% better from Lidoderm patches, has side effects of itchiness, dry mouth, and constipation with medications. SCS on 6/26/13. No discussion as to how the patient is responding to all medications.

6/17/13, Dr. [REDACTED] note, pain is worse since last visit, neck at 7/10, and low back at 8/10. No discussion on how the patient is responding to medications.

5/8/13, Dr. [REDACTED] report, quality of life limited due to pain. No discussion as to how the medications are doing in terms of function or pain reduction. Flexeril, nexium, Neurontin, Norco, Cymbalta, Lidoderm.

5/1/13, Dr. [REDACTED], pain is worse, "Says medications help"

4/8/13, Dr. [REDACTED] note, patient involved in motor vehicle accident (MVA), with whiplash-type injury with increasing pain. No discussion regarding medications.

4/3/13, Dr. [REDACTED] note, Medications with 60% symptomatic relief.

4/2/13, Dr. [REDACTED], psychiatry note, patient is very depressed; cries a lot and sleeps poorly.

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 Nexium 20 mg #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, NSAIDs, GI symptoms & cardiovascular risk, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, page 69, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that proton pump inhibitors (such as Nexium), can be utilized to counter GI upset symptoms and side effects from taking NSAIDs. The records submitted for review indicate that the employee is described as having GI side effects including gastritis and gastroesophageal reflux disease (GERD). The records indicate that the employee is on a number of different medications but is not on any NSAIDs. The treating provider does not

indicate why employee has gastritis and reflux problems. In addition, the provider does not indicate or provide any evidence if the Nexium is effective or not. **The request for Nexium 20 mg #30 is not medically necessary and appropriate.**

2) 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, Norco, Opioids for pain, and Weaning of medications, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids, pages. 88-89, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines require documentation of pain and functional improvement with the use of opiates. Functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The medical records submitted for review contain 6 months worth of medical reports and there is no discussions regarding pain assessment or functional changes of the employee with the use of Norco. Of the submitted notes reviewed there was one statement of “meds help” and another stating “meds with 60% symptom relief”. The records do not provide enough evidence to support the continued use of the medication. **The request for Norco 10/325 mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Flexeril 10mg #90:

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, Flexeril (Cyclobenzaprine), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril), page 64, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that Flexeril is recommended for short term use only. The records submitted for review indicate that the employee is being prescribed Flexeril on a chronic basis, which is not supported by the guidelines. **The request for Flexeril 10mg #90 is not medically necessary and appropriate.**

4) Regarding the request for Lidoderm patches 5% :

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, Lidoderm (lidocaine patch), which is part of the MTUS and the Official Disability Guidelines (ODG), Pain (Chronic), Criteria for Lidoderm patches, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidoderm (lidocaine patch), pages 56-57 and CRPS, medications, pages 37-38, which is part of the MTUS

Rationale for the Decision:

The Chronic Pain guidelines indicate that Lidoderm patches are recommended for neuropathic pain after other agents such as tricyclics, anti-convulsants have failed. The records submitted for review include no discussion as to the efficacy of Lidoderm patches or any discussion that the employee has failed other treatments for the neuropathic component of pain. The employee relies on 3 patches per day however the records do not provide any documentation that suggests that there is improved function with the use of the patches. **The request for Lidoderm patches 5% 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

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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.