

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	3/14/2003
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007364

- 1) MAXIMUS Federal Services, Inc. has determined the request for **20 aquatic therapy sessions is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MS Contin 30mg #120 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #180 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg #120 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 600mg #60 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 7/26/2013. 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 **20 aquatic therapy sessions is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MS Contin 30mg #120 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #180 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg #120 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 600mg #60 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 is a 40-year-old male who reported an injury on 03/14/2003. Mechanism of injury not stated. The patient is reported to have a spinal cord stimulator implanted in 07/2012. He is reported to complain of pain in the low back radiating to the bilateral legs, which was associated with numbness in the legs and feet. He reported his pain worsened with reduction of his medications. He reported his pain was 7/10. His pain is reported to increase with forward bending, backward bending, sitting, standing, walking, doing exercises, and pushing a shopping cart and leaning forward. His pain was reported to be relieved by medications, heat, lying down, and relaxation, and noted he was able to walk 1 block before having to stop because of his pain. He reported increased depression with his chronic pain and decreased function. The patient was noted to ambulate with a SPC with an antalgic gait pattern. He was able to on and doff his shoes independently and able to transfer on and off the examination table and sat comfortably. There was a little opening in the lower part of his scar 3 mm by 1 mm draining, less amount of puss, greenish yellow, no swelling, no skin redness, healing by secondary tension. The patient is noted to have limitation of range of motion with scars from previous surgery.

There was tenderness over the bilateral paraspinal muscles consistent with paraspinal spasms, positive facet loading maneuvers bilaterally, and positive straight leg raise test bilaterally in seated and supine position. The patient is noted to have decreased strength of the right ankle in dorsiflexion, the right great toe, and the extension on the right, which was 4-/5, and on the left was 4+/5, and decreased sensation to the bilateral L5 and the left S1 dermatomes. Deep tendon reflexes were 1+ at the patella bilaterally and 0 at the bilateral ankles. The patient is reported to have been diagnosed with post laminectomy syndrome of the lumbar region 722.83, Post-Laminectomy Syndrome of Lumbar Region and 722.10, Displacement of Lumbar Intervertebral Disc without Myelopathy. Plan of treatment included repositioning of the electrodes for his spinal cord stimulator on 08/22/2012 and to continue Celebrex, MS Contin 30 mg 4 times a day, Norco 10/325 every 4 hours as needed, and given his current weight he was prescribed aquatic therapy.

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 Provider and Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 20 aquatic therapy sessions:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Aquatic Therapy, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, pages 22 and 98-99, which are part of the MTUS.

Rationale for the Decision:

The California MTUS guidelines recommend up to 9 to 10 visits over 8 weeks for treatment of myalgia and myositis and up to 8 to 10 visits over 4 weeks for treatment of neuralgia, neuritis and radiculitis. The employee was recommended for 20 sessions of aquatic therapy due to current weight. However, there is no documentation in the medical records provided for review of the number of sessions of physical therapy or previous aquatic therapy the employee had attended nor of the employee's response to treatment. The guidelines do not recommend continuation of any medical treatment without documentation of functional improvement, documented as a clinically significant improvement in activities of daily living or a reduction of work restrictions and a reduction in dependency on continued medical therapy after previous therapy sessions. **The request for 20 aquatic therapy sessions is not medically necessary and appropriate.**

2) Regarding the request for MS Contin 30mg #120:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009), which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 78 and 80-81, which are part of the MTUS.

Rationale for the Decision:

The guidelines indicate there is no evidence that opioids showed long-term benefit or improvement in function when used as a treatment for chronic back pain. The medical records provided for review show no documentation that the employee has improved function or improved quality of life with the use of the medication. There is no documentation of how much pain relief the employee gets after taking the opioid or how long it takes for pain relief or how long the pain relief lasts. There is no documentation that the employee has been assessed for appropriate medication use or any side effects or any aberrant drug-taking behaviors. The guidelines do not recommend long-term use of opioids for management of chronic pain. **The request for MS Contin 30mg #120 is not medically necessary or appropriate.**

3) Regarding the request for Norco 10/325mg #180:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009), which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 78 and 80-81, which are part of the MTUS.

Rationale for the Decision:

The guidelines indicate there is no evidence that opioids showed long-term benefit or improvement in function when used as a treatment for chronic back pain. The medical records provided for review show no documentation that the employee has improved function or improved quality of life with the use of the medication. There is no documentation of how much pain relief the employee gets after taking the opioid or how long it takes for pain relief or how long the pain relief lasts. There is no documentation that the employee has been assessed for appropriate medication use or any side effects or any aberrant drug-taking behaviors. The guidelines do not recommend long-term use of opioids for management of chronic pain. **The request for Norco 10/325mg #180 is not medically necessary and appropriate.**

4) Regarding the request for Soma 350mg #120:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009), Soma, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Muscle Relaxants (for pain), pages 63 and 65, which are part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines recommend non-sedating muscle relaxants with caution in individuals with chronic low back pain, and state that Soma is not recommended. Although the employee is noted to have muscle spasms on physical examination, the employee appears to be taking the Soma on a long-term, routine basis and as the guidelines do not recommend the use of Soma, the requested Soma does not meet guideline recommendations. Additionally, in the medical records provided for review, there is no documentation the employee received any benefit from the use of the medication. **The request for Soma 350mg #120 is not medically necessary and appropriate.**

5) Regarding the request for Gabapentin 600mg #60:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009), Gabapentin, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Antiepilepsy drugs (AEDs), pages 16 and 18, which are part of the MTUS.

Rationale for the Decision:

The California MTUS Guidelines recommend the use of gabapentin for treatment of neuropathic pain, but there is insufficient evidence for or against the use of antiepileptic drugs such as gabapentin for axial low back pain or myofascial pain. Although the employee is reported to have pain radiating down his lower extremities, the employee's pain is mostly located in the low back and there the guidelines do not recommend the use of gabapentin for chronic, nonspecific low back pain, and the requested gabapentin 600 mg does not meet guideline recommendations. Additionally, in the medical records provided for review, there is no documentation the employee received any benefit from the use of the medication. **The request for Gabapentin 600mg #60 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.