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## Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	9/27/1997
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0008232

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: UPHOLD. This means we decided that none 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 (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 50-year-old male who reported an injury on 09/27/1996. Current diagnoses include occipital neuralgia, cervical radiculopathy, failed back surgery syndrome, failed neck surgery syndrome, chronic pain, lumbar radiculopathy, facet arthropathy, and major depression. The patient was most recently seen by Dr. [REDACTED] on 08/16/2013. The patient presented with complaints of lower back pain, lower extremity pain, cervical area and left upper extremity pain, and occipital headaches. Physical examination revealed tenderness to palpation over the cervical spine, limited range of motion, severe occipital tenderness, tenderness over the scalp anteriorly, diffuse tenderness over the lower parathoracic facet joints, severe tenderness over the lumbar area, limited lumbar range of motion secondary to pain, positive straight leg raising, moderate tenderness over bilateral knees, weakness over the left hand grip, decreased sensation to bilateral lower extremities, and decreased deep tendon reflexes in the upper and lower extremities. The treatment plan included continuation of current medications, continuation of conservative treatment including home exercise program, moist heat and stretches, and recommendations for a cervical epidural steroid injection.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Soma 350mg #90 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, opioids, steps to avoid misuse/addiction, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 63-66 and 124, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Soma is not recommended for longer than a 2 to 3 week period. Tapering should be individualized for each patient. As per the clinical documentation submitted, the employee has been prescribed Soma for long-term use since prior to 04/2012. There is no evaluation of whether the patient has ever progressed toward achieving goals. The employee's subjective and objective findings are essentially unchanged in over a year's period. Utilization review records indicate a request for continuing this medication dating back to 10/2012 was certified with modification for weaning and all subsequent requests for this drug have been non-certified since that time. Continuing with long-term Soma is not indicated or recommended. The long-term use of Soma did not produce an adequate response to justify deviating from Guideline recommendations. As indicated, the employee was previously certified with modification for weaning for which the process should have been completed. **The request for Soma 350mg #90 is not medically necessary and appropriate.**

## **2. Norco 10/325mg #150 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, opioids, steps to avoid misuse/addiction, which is part of the MTUS

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 74-82, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines state short-acting opioids are often used for intermittent or breakthrough pain. The duration of action is generally 3 to 4 hours. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper. As per the clinical documentation submitted, the employee has maintained on this short-acting opioid for long-term use more than 6 months. Utilization review records indicate a request for continuing Norco was certified with modification for purposes of weaning in 11/2012 with subsequent requests modified to continue weaning so that by 05/2013 the requests were non-certified. As per the clinical note on 08/16/2013, the employee reported severe pain to the cervical area with radiation to the right shoulder, lower back pain, lower extremity pain, left upper extremity pain, and occipital headaches, all interfering with sleep, activities of daily living, emotions, and function. There is no documentation showing progress has been made toward achieving any type of goals, progression in a supervised or self-directed exercise program, and improvement in function or quality of life. As the medication regimen is not demonstrated to have efficacy, continuation is not indicated or recommended. As noted above, the employee was provided quantities for weaning purposes for Norco. **The request for Norco 10/325mg #150 is not medically necessary and appropriate.**

### **3. Dilaudid 4mg #30 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, opioids, steps to avoid misuse/addiction, which is part of the MTUS

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 74-82 and page 93, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper. As per the clinical notes submitted, the employee's medication regimen does not appear to be effective. He has been prescribed short-acting opioids that did not demonstrate adequate pain control. A previous request for Dilaudid was certified with modification for the purpose of weaning due to a lack of objective measures showing effectiveness of the trial. The trial has clearly failed to achieve pain control or overall improvement. As indicated, the employee has been provided quantities for weaning purposes of Dilaudid. **The request for Dilaudid 4mg #30 is not medically necessary and appropriate.**

### **4. Urine toxicology screen is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain (acute and chronic), which is not part of the 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 Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Chronic Pain Chapter, Online Edition, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines state frequency of urine drug testing should be based on documented evidence of risk stratification including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no documentation of aberrant drug-taking behavior. Previous urine drug screening results on 03/25/2013 were reported consistent. There is no documentation of a risk assessment screening completed for the employee; therefore, there is also no evidence of this employee falling under a high-risk category that would require frequent monitoring. Based on previous reports of consistent urine drug screens and no reports of aberrant drug-taking behavior, the employee appears to be at low risk. Based on these findings, as well as the employee being recommended for weaning from opioids, a urine drug screen is not indicated at this time. **The request for urine toxicology screen is not medically necessary and appropriate.**

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.

