

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/5/2013  
Date of Injury: 10/13/2008  
IMR Application Received: 8/15/2013  
MAXIMUS Case Number: CM13-0009936

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 the 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 57-year-old female who reported a work related injury on 10/13/2008, mechanism of injury was noted as a fall with subsequent right knee fracture diagnosis. The patient currently presents for treatment of the following diagnoses, cervical disc disease, status post anterior cervical decompression and fusion as of 04/26/2012, bilateral carpal tunnel syndrome status post carpal tunnel release surgery, status post left middle finger trigger release surgery, present right middle trigger finger, bilateral lateral epicondylitis and question of left cubital tunnel syndrome, status post bilateral lateral epicondylar corticosteroid injection, chronic low back pain with disc protrusion at L4-5, cervicogenic headaches, hypertension, depression and insomnia, right knee synovectomy, and partial medial and lateral meniscal debridement, diagnosis of right medial retinacular nerve entrapment. The clinical note dated 08/26/2013 reports the patient was seen in consultation under the care of Dr. [REDACTED]. The provider documents the patient was inquiring about surgical interventions to the lumbar spine. The provider documents at the time of the patient's injury, she broke her knee, and was treatment for broken knee cap and placed in a knee brace. The patient was diagnosed with bursitis and given a cortisone injection. Subsequently, the patient also had complaints of lumbar spine pain, received 1 facet block, and 3 epidurals. The patient has utilized physical therapy interventions, has undergone carpal tunnel surgery to the bilateral hands, as well as cervical spinal surgery in 04/2012. The provider documents the patient reports pain across her low back towards the sacroiliac joint region which radiates into her buttocks and down her bilateral lower extremities. The provider reports this is particularly aggravated per the patient when she sits and becomes severe to the point where she must change positions. The provider documents the patient utilizes Norvasc, Topamax, Tramadol, tizanidine, Cyclobenzaprine, hydrocodone, and Ambien. The provider reported upon physical exam of the patient she was 5 feet 4 inches tall and weighed 101 pounds. The patient had limited lumbar range of motion and a negative straight leg raise bilaterally. The patient's motor and sensory exams were within normal limits. The provider reviewed x-ray and MRI of the lumbar spine which revealed

evidence of normal alignment of the lumbar spine, mild degenerative disc changes at L4-5 and L5-S1, no evidence of significant foraminal stenosis, and there may be mild to moderate facet arthropathy at L5-S1 without major neural impingement. The provider documented the patient was not a surgical candidate and felt the patient's condition was not indicative of moving forward with any type of spinal decompression or fusion. The provider informed the patient he felt that surgery was not merited or needed in the future. The clinical note dated 08/26/2013 reports primary treating physician's supplemental report and appeal of utilization denial. The provider Dr. [REDACTED] documents rationale for the patient's current medication regimen. The provider documents the patient utilizes Norco 5/325 mg, only a half tab at a time on average 3 to 4 times a month for breakthrough pain. The patient primarily utilizes Tramadol ER 150 mg twice a day for pain relief. The provider documents the patient is very under weight and deconditioned. The patient is 5 feet 4 inches tall and weighs 100 pounds. The provider documented the patient's level of functioning and ability to perform her ADLs is very limited. The provider documents the patient had recently begun aquatic rehabilitation which had resulted in a significant flare-up of the patient's neck and shoulder musculature. The provider documents that status postoperative to an anterior cervical discectomy and fusion, the patient's surgeon did not recommend any postsurgical rehab or physical therapy for the patient. As a result, per Dr. [REDACTED] the patient experienced additional level of deconditioning, cervical spine musculature stiffness, myospasm, and hypertonicity. The provider documents Tramadol was subsequently prescribed for the patient, due to past use of NSAIDs such as diclofenac and naproxen had resulted in elevation/rise of the patient's blood pressure and they had to be discontinued. The provider addressed the fact that the patient utilizes 2 muscle relaxants, as the patient utilizes tizanidine during the day and Cyclobenzaprine at night to help with tightness and stiffness that the patient experiences to her paralumbar and paracervical muscles. The provider addressed the patient's utilization of Topamax. Dr. Saghafi documents the patient had previously utilized gabapentin; however, it resulted in significant anemia and had to be discontinued. Thereafter, the patient utilized Lyrica which altered the patient's mentation. Since that time, the patient had been utilizing Topamax, the provider documents the patient had a better response in regards to improvement of her neuropathic pain to the bilateral upper and lower extremities. The provider documents the patient utilizes Ambien for pain induced insomnia.

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

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

#### **1. Prescription Vicodin 5/500mg is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 78, Opioids, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that the current request for prescription Vicodin 5/500 mg previously received an adverse determination due to lack of significant increases in objective functionality and decrease in the employee's rate of pain on a Visual Analog Scale to support continued use of this medication. It has been recommended the employee begin titration of use of this medication on multiple occasions. The California MTUS indicates, "California MTUS

Guidelines state, “Vicodin is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain.” The guidelines also state “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the “4 A’s” (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs.” The documentation fails to provide evidence to support the long-term necessity of the employee’s utilization of this medication. Furthermore, the provider does not indicate tablet count being requested. In addition, the provider referred to the employee utilizing Vicodin 5/325 mg, the current request is for 5/500 mg. **The request for prescription Vicodin 5/500 mg is not medically necessary and appropriate.**

## **2. Prescription Tizanidine 4 mg twice daily is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 66, Antispasticity/Antispasmodic Drugs, which is a part of the MTUS.

The Physician Reviewer’s decision rationale:

A review of the records indicates that the rationale of determination was not stated in clinical notes reviewed. California MTUS Guidelines indicate muscle relaxants, “Are recommended as an option using a short course of therapy.” The clinical documentation submitted for review does not support the employee’s chronic utilization of 2 muscle relaxants concurrently. The provider documented the employee utilizes tizanidine during the day and Cyclobenzaprine in the evening; however, no significant documentation of efficacy was evidenced in the clinical notes reviewed such as a decrease in the employee’s rate of pain on a VAS scale or increase in objective functionality as the result of the current medication regimen. **The request for tizanidine 4 mg twice daily is not medically necessary and appropriate.**

## **3. Prescription Tramadol 4mg twice daily #90 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs 78 and 93-34, Opioids, which is a part of the MTUS.

The Physician Reviewer’s decision rationale:

A review of the records indicates that the rationale for this determination was not evidenced in the clinical notes reviewed. The employee continues to present with multiple bodily injury complaints status post a work related injury sustained multiple years ago. The clinical notes failed to evidence support for the employee’s current medication regimen, as documentation did not evidence an increase in objective functionality or decrease in the employee’s rate of pain to support the long-term necessity of this medication. The California MTUS Guidelines indicate Tramadol “Is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain.” The guidelines also state “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side

effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the “4 A’s” (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs.” **The request for prescription Tramadol 4 mg twice daily #90 is not medically necessary and appropriate.**

**4. Prescription Cyclobenzaprine 7.5mg half a tablet to a full tablet at nighttime for myospasm is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 41-42 Cyclobenzaprine, which is a part of the MTUS.

The Physician Reviewer’s decision rationale:

A review of the records indicated that the rationale of determination was not stated in clinical notes reviewed. California MTUS Guidelines indicate muscle relaxants, “Are recommended as an option using a short course of therapy.” The clinical documentation submitted for review does not support the patient’s chronic utilization of 2 muscle relaxants concurrently. The provider documented the employee utilizes tizanidine during the day and Cyclobenzaprine in the evening; however, no significant documentation of efficacy was evidenced in the clinical notes reviewed such as a decrease in the employee’s rate of pain on a VAS scale or increase in objective functionality as the result of the medication regimen. **The request for Cyclobenzaprine 7.5 mg half a tablet to a full tablet at nighttime for myospasm is not medically necessary and appropriate.**

**5. Prescription Zolpidem (Ambien) 10mg every night for insomnia is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, which is a part of the MTUS.

The Expert 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) Pain Chapter.

The Physician Reviewer’s decision rationale:

A review of the records indicates that the current request previously received an adverse determination, rationale or determination was noted due to a reference of benzodiazepines. However, Ambien is not in the benzodiazepine drug class. Official Disability Guidelines indicate, “It is a prescription short acting nonbenzodiazepine hypnotic.” However, this medication is generally approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Additionally, Official Disability Guidelines indicate this medication is linked to a sharp increase in emergency department visits so it should be used safely for only a short period of time. Given that the employee has utilized this medication chronic in nature, with documentation evidencing the employee still presents with interrupted sleep due to recurrent pain, **the request for prescription zolpidem (Ambien) 10 mg every night for insomnia is not medically necessary and appropriate.**

**6. Prescription Topamax 25mg three times per day for neuropathic pain is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, AED (Anti-epilepsy drugs), which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 21, Topiramate-Topamax, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

The request for prescription Topamax 20 mg 3 times per day for neuropathic pain previously received an adverse determination; however, a review of the records indicates that the rationale for this request was not specifically stated. The clinical documentation submitted for review reports the employee utilizes this medication for neuropathic pain complaints. However, documentation of specific efficacy as evidenced by a decrease in rate of pain on a Visual Analog Scale and increase in objective functionality were lacking in the clinical notes reviewed. California MTUS Guidelines indicate, "Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology." **The request for prescription Topamax 20 mg 3 times per day for neuropathic pain is not medically necessary and appropriate.**

**7. Prescription Norvasc 2.5mg twice daily is not medically necessary and appropriate.**

The Claims Administrator based its decision on the [www.drugs.com/pro/norvasc.html](http://www.drugs.com/pro/norvasc.html), which is not a part of the MTUS.

The Expert 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)-Diabetes Chapter online.

The Physician Reviewer's decision rationale:

A review of the records indicates that the clinical notes failed to evidence the employee's therapeutic recommendations for hypertension, chronicity of the employee's hypertension, efficacy of the employee's utilization of Norvasc 2.5 mg by mouth twice a day, and the employee's average blood pressure. Official Disability Guidelines indicate Norvasc is in the first line, second edition, of calcium channel blockers. Official Disability Guidelines indicate it has been revised to suggest that the systolic blood pressure goal for many people with diabetes and hypertension should be less than 140 mmHg but that lower systolic targets such as less than 130 mmHg may be appropriate for certain individuals, such as younger patients, if it can be achieved without undue treatment burden." **The request for prescription Norvasc 2.5 mg twice daily 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.

