

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/13/2013
Date of Injury:	12/4/2008
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017435

- 1) MAXIMUS Federal Services, Inc. has determined the request for **sixty Cyclobenzaprine HCL 7.5mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **sixty Hydrocodone Bit/Acetaminophen 2.5-325mg is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **sixty Cyclobenzaprine HCL 7.5mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **sixty Hydrocodone Bit/Acetaminophen 2.5-325mg 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 Internal Medicine, has a subspecialty in Rheumatology 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:

This is a 57 year old male with date of injury 12/4/08. Mechanism of injury is stated as a lumbosacral industrial injury. An MRI of the lumbar spine from 05/2013 revealed degenerative disc disease of the lumbar spine. No surgery has been reported to this reviewer relative to this injury. The requesting provider's medical reports state that the patient complained of neck and lumbar spine pain. Objective: decreased range of motion of the cervical spine. Decreased range of motion of the lumbar spine and tenderness to palpation. Diagnosis: Cervical spine degenerative joint disease, lumbar spine degenerative joint disease.

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 sixty Cyclobenzaprine HCL 7.5mg:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, section Muscle Relaxants, pgs. 32-33, 41-42, which is part of the MTUS.

Rationale for the Decision:

The employee has reported chronic neck and lower back pain. The available medical records show improvement with conservative therapy including physical therapy and acupuncture. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only. Additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this employee. **The request for sixty Cyclobenzaprine HCL 7.5mg is not medically necessary and appropriate.**

2) Regarding the request for sixty Hydrocodone Bit/Acetaminophen 2.5-325mg:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 76-85, 88-89, which is part of the MTUS.

Rationale for the Decision:

The employee has reported chronic neck and lower back pain. The available medical records show improvement with conservative therapy including physical therapy and acupuncture. Per MTUS guidelines, Hydrocodone should be used for moderate to moderately severe pain and only for short term use. Opioids are not indicated for this employee as the records show improvement in employee's pain with conservative therapies. Therefore, Hydrocone is not medically necessary. **The request for sixty Hydrocodone Bit/Acetaminophen 2.5-325mg 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.