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**Notice of Independent Medical Review Determination**

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/3/2013  
Date of Injury: 8/21/2007  
IMR Application Received: 7/22/2013  
MAXIMUS Case Number: CM13-0001162

- 1) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Zanaflex 4mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Ambien 10mg #20 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Lyrica 100 mg #90 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 one (1) prescription of Zanaflex 4mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for for one (1) prescription of Ambien 10mg #20 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for for one (1) prescription of Lyrica 100 mg #90 **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 Preventative Medicine and Occupational 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 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013:

“The patient is a 56 year old male with a date of injury of 8/21/2007. Under consideration are prospective requests for the following: 1 prescription of Zanaflex 4mg #60, 1 prescription of Ambien 10mg #20, 1 prescription of Cymbalta 30mg #60, and 1 prescription of Lyrica 100mg #90.”

### **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 for Independent Medical Review (received 7/22/2013)
- Utilization Review submitted by the claims administrator (dated 7/3/2013)
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

## 1) Regarding the request for one (1) prescription of Zanaflex 4mg #60:

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 63 and 66, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee was injured on 8/21/2007 and has experienced chronic low back pain, bilateral hip pain, right foot pain, left knee pain, and left ankle pain. The records indicate that the employee exhibits limited lumbar range of motion, sacroiliac and spinal tenderness and 5/5 lower extremity strength. Treatment has included analgesic medications, psychotropic medications, care from various providers in various specialties, imaging, cortisone injections, epidural steroid injections, and electrodiagnostic testing. The request was submitted for one prescription of Zanaflex 4mg #60.

The MTUS Chronic Pain Medical Treatment guidelines endorse Zanaflex for off label use for low back pain. In this case, however, the employee has used this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The recent progress notes provided for review are somewhat contradictory as the bulk of documentation on file suggested that the employee's pain is recently heightened and the ability to perform activities of daily living is diminished through prior usage of analgesic and adjuvant medications, including Zanaflex. It is further noted that the MTUS Chronic Pain Treatment Medical Guidelines do not endorse long-term usage of muscle relaxants as a class. In this case, the employee has failed to return to work and there is no evidence of improved performance of activities of daily living and/or reduction in dependence on medical treatment. The request for one prescription of Zanaflex 4mg #60 **is not medically necessary or appropriate.**

## 2) Regarding the request for one (1) prescription of Ambien 10mg #20:

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Pain Chapter, Zolpidem section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the requested treatment. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee was injured on 8/21/2007 and has experienced chronic low back pain, bilateral hip pain, right foot pain, left knee pain, and left ankle pain. The

records indicate that the employee exhibits limited lumbar range of motion, sacroiliac and spinal tenderness and 5/5 lower extremity strength. Treatment has included analgesic medications, psychotropic medications, care from various providers in various specialties, imaging, cortisone injections, epidural steroid injections, and electrodiagnostic testing. The request was submitted for one prescription of Ambien 10mg #20.

The ODG indicates Ambien is indicated for short-term treatment of insomnia. In this case, the employee is described as using Ambien on office visits of 5/17/13, 6/14/13 and 7/15/13. Chronic usage of Ambien is not supported by the ODG and the employee has failed to derive any lasting benefit or functional improvement through prior usage of Ambien. The employee has failed to return to work and has failed to exhibit any evidence of improved sleep through prior usage of Ambien. The request for one prescription of Ambien 10mg #20 **is not medically necessary or appropriate.**

### **3) Regarding the request for one (1) prescription of Lyrica 100mg #90:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Muscle Relaxants section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee was injured on 8/21/2007 and has experienced chronic low back pain, bilateral hip pain, right foot pain, left knee pain, and left ankle pain. The records indicate that the employee exhibits limited lumbar range of motion, sacroiliac and spinal tenderness and 5/5 lower extremity strength. Treatment has included analgesic medications, psychotropic medications, care from various providers in various specialties, imaging, cortisone injections, epidural steroid injections, and electrodiagnostic testing. The request was submitted for one prescription of Lyrica 100mg #90.

The MTUS Chronic Pain Medical Treatment guidelines indicate that Lyrica is considered first-line treatment for diabetic neuropathy and postherpetic neuralgia. In this case, the employee has failed to derive any lasting benefit or functional improvement through prior usage of Lyrica. The employee has failed to return to work and has failed to effect any improvement in performance of activities of daily and/or diminished reliance on medical treatment through prior usage of Lyrica. The request for one prescription of Lyrica 100mg #90 **is not medically necessary or 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.