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**Notice of Independent Medical Review Determination**

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

6/28/2013

3/1/2001

7/15/2013

CM13-**0001459**

- 1) MAXIMUS Federal Services, Inc. has determined the request for Docusate/Sennosides 50/8.6mg #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MS Contin 15mg #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Percocet 10/325mg **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 600mg #90 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #30 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 a prescription of Docusate/Sennosides 50/8.6mg #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of MS Contin 15mg #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Percocet 10/325mg **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Gabapentin 600mg #90 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Soma 350mg #30 **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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 28, 2013:

“The patient is a 61 year old female with a date of injury of 3/1/2001. The provider has submitted a request for 1 prescription of docusate/sennosides 50/8.6mg #60, 1 prescription of MS Contin 15mg #30, 1 prescription of Percocet 10/325mg, 1 prescription of gabapentin 600mg #90, and 1 prescription of Soma 350mg #30.

“A phone call to the requesting provider was attempted at 2:46PM and 4:02PM on 6/28/2013 in order to discuss the requested care. The provider was unavailable. Messages were left with Ruby which included my contact information and schedule.

“Per the 5/21/13 progress report by Dr. [REDACTED] the patient's subjective findings included low back pain at 6-7/10, and ongoing right lower extremity numbness and tingling extending to the knees which had been improving. She recently underwent posterior lumbar interbody fusion at L4-5 on 3/19/13, which helped decrease her pain. She was

having frequent dizziness when she turned her head, but that had gone away. Medications slightly reduced her symptoms. Her pain level without medications was 8/10, and her pain with medications was 4-5/10. Her medications allowed her to perform activities of daily living with less pain, such as cooking, watering, and gardening. Objective findings included the use of a walker, a normal motor exam of the bilateral lower limbs, and intact sensation in the bilateral lower extremities.”

#### **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 7/15/13)
- Utilization Review Determination (dated 7/1/13)
- Employee medical records provided by [REDACTED]
- Medical Treatment Utilization Schedule

#### **1) Regarding the request for a prescription of Docusate/Sennosides 50/8.6mg #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), Initiating Therapy (d), page 67, which is a part of the Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the McKay SL, Gravel M, Scanlon C. Management of Constipation, Iowa City (IA) 2009 Oct. 51p.[44 references] which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 77, which is a part of the MTUS.

##### Rationale for the Decision:

The employee sustained a work-related injury on March 1, 2001 to the lower back. The medical records provided for review indicate a diagnosis of spondylolisthesis at L4-5, status post decompression, spinal instability and a possible pars defect, and treatments have included oral analgesic medications, topical analgesic medications, and lower back surgery. The medical report of June 25, 2013 documents continued use of three tablets of Percocet 10/325 mg per day, discontinued use of MS Contin, pain levels rated at 5/10 to 8/10 with ongoing right leg numbness and tingling going down to the knee, and a recent fall two days after bending over to the left side and losing balance. The request is docusate/sennosides 50/8.6mg # 60.

The MTUS Chronic Pain guidelines recommend prophylactic treatment for constipation for individuals being treated with opioids. The medical records provided for review indicate the employee continues to use Percocet for pain control which can cause constipation. The request for of docusate/sennosides 50/8.6mg # 60 **is medically necessary and appropriate.**

#### **2) Regarding the request for a prescription of MS Contin 15mg #30 :**

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), pg. 83, which is a part of the 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 sustained a work-related injury on March 1, 2001 to the lower back. The medical records provided for review indicate a diagnosis of spondylolisthesis at L4-5, status post decompression, spinal instability and a possible pars defect, and treatments have included oral analgesic medications, topical analgesic medications, and lower back surgery. The medical report of June 25, 2013 documents continued use of three tablets of Percocet 10/325 mg per day, discontinued use of MS Contin, pain levels rated at 5/10 to 8/10 with ongoing right leg numbness and tingling going down to the knee, and a recent fall two days after bending over to the left side and losing balance. The request is for MS Contin 15mg #30.

The MTUS Chronic Pain guidelines indicate that there should be continuation of opioids if the individual has improved functioning and pain. The medical records provided for review indicate that the employee had discontinued the use of MS Contin, and was using Percocet 10/325 mg per day for pain control. The request for MS Contin 15mg #30 **is not medically necessary and appropriate.**

**3) Regarding the request for a prescription of Percocet 10/325mg :**

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), pg. 82 which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 78, which is a part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on March 1, 2001 to the lower back. The medical records provided for review indicate a diagnosis of spondylolisthesis at L4-5, status post decompression, spinal instability and a possible pars defect, and treatments have included oral analgesic medications, topical analgesic medications, and lower back surgery. The medical report of June 25, 2013 documents continued use of three tablets of Percocet 10/325 mg per day, discontinued use of MS Contin, pain levels rated at 5/10 to 8/10 with ongoing right leg numbness and tingling going down to the knee, and a recent fall

two days after bending over to the left side and losing balance. The request is for a prescription of Percocet 10/325mg.

The MTUS Chronic Pain guidelines advocate the use of the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior for individuals on Percocet. The medical records provided for review indicate that the employee continues to use Percocet and does gain some control of her pain; there is no documentation of aberrant drug-taking behavior in the medical records provided. The request for Percocet 10/325mg **is medically necessary and appropriate.**

**4) Regarding the request for a prescription of Gabapentin 600mg #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), pg. 39. 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 sustained a work-related injury on March 1, 2001 to the lower back. The medical records provided for review indicate a diagnosis of spondylolisthesis at L4-5, status post decompression, spinal instability and a possible pars defect, and treatments have included oral analgesic medications, topical analgesic medications, and lower back surgery. The medical report of June 25, 2013 documents continued use of three tablets of Percocet 10/325 mg per day, discontinued use of MS Contin, pain levels rated at 5/10 to 8/10 with ongoing right leg numbness and tingling going down to the knee, and a recent fall two days after bending over to the left side and losing balance. The request is for Gabapentin 600mg #90.

The MTUS Chronic Pain guidelines indicate that this medication can be considered as a first-line treatment for neuropathic pain. The medical records provided for review indicate that the employee's pain is not neuropathic in nature since it does not extend below the knee, and the employee does not have any significant functional shortfalls on exam. The request for Gabapentin 600mg #90 **is not medically necessary and appropriate.**

**5) Regarding the request for a prescription of Soma 350mg #30 :**

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), pg. 19, which is a part of the 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 sustained a work-related injury on March 1, 2001 to the lower back. The medical records provided for review indicate a diagnosis of spondylolisthesis at L4-5, status post decompression, spinal instability and a possible pars defect. The medical report of June 25, 2013 documents continued use of three tablets of Percocet 10/325 mg per day and discontinued use of MS Contin, the pain was rated at 5/10 to 8/10 with ongoing right leg numbness and tingling going down to the knee, and a recent fall two days prior to the examination, after bending over to the left side and losing balance. Treatments have included oral analgesic medications, topical analgesic medications, and lower back surgery. The request is for Soma 350mg #30.

The MTUS Chronic Pain guidelines indicate that this medication is not intended for chronic, long-term use. The medical records provided for review indicate this employee continued to use Soma on an as-needed basis for the long term. The medical records contained no documentation which would meet criteria for use outside the guidelines. The request for Soma 350mg #30 **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;

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.