
Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/11/2013

3/6/2009

7/15/2013

CM13-0001572

- 1) MAXIMUS Federal Services, Inc. has determined the request for Remeron 30mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm 5% patch **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Tylenol 500mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Valium 5mg #30 with 4 refills **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 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 Remeron 30mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm 5% patch **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Tylenol 500mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Valium 5mg #30 with 4 refills **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer 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 & Rehabilitation and is licensed to practice in Oklahoma. 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 11, 2013:

The patient is a 66 year-old male with a date of injury of 3/6/09. The provider has submitted a prospective request for 1 prescription of Remeron 30mg, 1 prescription of Lidoderm 5% patch, 1 prescription of Tylenol 500mg, 1 prescription of Norco 10/325mg, 1 prescription of Valium 5mg #30 with 4 refills, 1 prescription of Nortriptyline 10mg #30 with 5 refills, and 1 urine toxicology screen.

Review of records show the patient presented with neck and spine problems that have been getting better with pain stable and dizziness slightly less. Physical examination revealed antalgic gait, discrete tender trigger points over the neck, posterior shoulders, and low back, and tenderness over the right lateral epicondyle. The patient was diagnosed with degenerative cervical disc disease, myofascial pain syndrome, chronic pain syndrome, and dizziness. Treatment has comprised of acupuncture and medications. The patient reported acupuncture has been helpful in reducing pain and increasing function and activities of daily living.

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 from [REDACTED] (dated 7/12/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request Remeron 30mg:

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, Antidepressants for Chronic pain, 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 found the Chronic Pain Medical Treatment Guidelines, Antidepressants for Chronic pain, pg.13, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/6/09 and experiences chronic pain to his cervical spine. The medical records indicate that the employee's gait remains antalgic and utilizes a cane. The record indicates that the employee's provider documented the diagnoses of degenerative cervical disc disease, myofascial pain syndrome, chronic pain syndrome and dizziness. The request was submitted for Remeron 30mg.

The Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. The medical records provided for review did not evidence the employee's subjective complaints of neuropathic pain, objective findings of neuropathy or the employee's specific reports of efficacy with his current medication regimen as evidenced by decreasing rate of pain on a visual analog scale (VAS) or increased subjective functionality specifically as a result of long-term utilization of his medication regimen as required per guidelines. The request for Remeron 30mg **is not medically necessary and appropriate.**

2) Regarding the request for Lidoderm 5% patch:

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, lidocaine, topical, 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 found the Chronic Pain Medical Treatment Guidelines, Lidoderm (lidocaine patch), pg. 56-57, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/6/09 and experiences chronic pain to his cervical spine. The medical records indicate that the employee's gait remains antalgic and utilizes a cane. The record indicates that the employee's provider documented the diagnoses of degenerative cervical disc disease, myofascial pain syndrome, chronic pain syndrome and dizziness. The request was submitted for Lidoderm 5% patch.

The Chronic Pain Medical Treatment Guidelines state that Lidoderm is a topical lidocaine that may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy such as a tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant or anti-epilepsy drug such as gabapentin and Lyrica. The medical record provided for review indicate the employee utilizes nortriptyline 10mg at bedtime for neuropathic pain. The utilization of Lidoderm patch in addition to nortriptyline would not be supported. Additionally, the medical records lack evidence of the employee's subjective complaints or significant objective findings of symptomatology. Given that the employee already utilizes oral medication for neuropathic pain complaints, the current request is not supported. The request for Lidoderm 5% patch **is not medically necessary and appropriate.**

3) **Regarding the request Tylenol 500mg:**

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, Codeine, 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 found the Chronic Pain Medical Treatment Guidelines, Acetaminophen (APAP), pg. 11-12, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/6/09 and experiences chronic pain to his cervical spine. The medical records indicate that the employee's gait remains antalgic and utilizes a cane. The record indicates that the employee's provider documented the diagnoses of degenerative cervical disc disease, myofascial pain syndrome, chronic pain syndrome and dizziness. The request was submitted for Tylenol 500mg.

The Chronic Pain Medical Treatment Guidelines states that acetaminophen is recommended for treatment of chronic pain and acute exacerbation of current pain, adding that with new information questioning the use of non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen should be recommended on a case by case basis. The medical records provided for review indicate that the employee was to utilize Tylenol 500 mg 1 tablet 3 times a day as needed for pain. However, the medical records failed to document the average rate of pain per the visual analog scale (VAS), to support the efficacy of this medication for

current pain complaints, which is required per guidelines. The request for Tylenol 500mg **is not medically necessary and appropriate.**

4) **Regarding the request Norco 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, Hydrocodone/Acetaminophen, 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 found the Chronic Pain Medical Treatment Guidelines, Hydrocodone/Acetaminophen, pg. 91, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/6/09 and experiences chronic pain to his cervical spine. The medical records indicate that the employee's gait remains antalgic and utilizes a cane. The record indicates that the employee's provider documented the diagnoses of degenerative cervical disc disease, myofascial pain syndrome, chronic pain syndrome and dizziness. The request was submitted for Norco 10/325mg.

The Chronic Pain Medical Treatment Guidelines state that Norco is an effective method in controlling chronic pain and 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 employees 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 medical records provided for review indicate that the employee was to utilize Norco 10/325 one tab twice a day for moderate-to-severe pain. The provider documented the employee has been utilizing acupuncture treatment and had a significant decrease in his rate of pain with increase in objective functionality as a result of acupuncture treatment. Therefore, continued use of this opioid is not clinically indicated for the employee's chronic pain complaints. The request for Norco 10/325mg **is not medically necessary and appropriate.**

5) **Regarding the request Valium 5mg #30 with 4 refills:**

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, benzodiazepines, which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), Pain (Chronic), which are medical treatment guidelines that are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines,

benzodiazepines, pg.24, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/6/09 and experiences chronic pain to his cervical spine. The medical records indicate that the employee's gait remains antalgic and utilizes a cane. The record indicates that the employee's provider documented the diagnoses of degenerative cervical disc disease, myofascial pain syndrome, chronic pain syndrome and dizziness. The request was submitted for Valium 5mg #30 with 4 refills.

The Chronic Pain Medical Treatment Guidelines indicates that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The medical records provided for review document that the employee was recommended to undergo weaning of this medication in June 2013. The medical records evidence that the employee was to utilize Valium 5 mg twice a day as needed for anxiety and muscle spasms. Given that the employee reported positive efficacy status post utilization of acupuncture treatment, and a lack of documentation of the employee's average rate of pain on a visual analog scale (VAS) with this current medication regimen, continued utilization of benzodiazepine, chronic in nature is not supported. The request for Valium 5mg #30 with 4 refills **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, 18th Floor
Oakland, CA 94612

/th

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.