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**Notice of Independent Medical Review Determination**

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/8/2013  
Date of Injury: 10/21/2002  
IMR Application Received: 7/18/2013  
MAXIMUS Case Number: CM13-0001963

- 1) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 600mg, #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nortriptyline HCL 10mg, #60 with 3 refills **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Rozerem 8mg, #30 with 3 refills **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10mg, #15 with 3 refills **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Citrucel 500mg, #60 with 3 refills **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for DSS 250mg, #60 with 3 refills **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Methadone 10mg, #75 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine-Flexeril 7.5mg, #90 **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Ibuprofen 600mg, #60 with 3 refills **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 Gabapentin 600mg, #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nortriptyline HCL 10mg, #60 with 3 refills **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Rozerem 8mg, #30 with 3 refills **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10mg, #15 with 3 refills **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Citrucel 500mg, #60 with 3 refills **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for DSS 250mg, #60 with 3 refills **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Methadone 10mg, #75 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine-Flexeril 7.5mg, #90 **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for Ibuprofen 600mg, #60 with 3 refills **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 Expert Reviewer is Board Certified in 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 9, 2013:

### **Clinical Information**

The patient is a 53 year old female with a date of injury of 10/21/2002. Under consideration are prospective requests for 1 prescription of Gabapentin 600mg #60; 1 prescription of Nortriptyline HCL 10mg #60, with 3 refills; 1 prescription of Rozerem 8mg #30, with 3 refills; 1 prescription of Ambien 10mg #15, with 3 refills; 1 prescription of Citrucel 500mg #60, with 3 refills; 1 prescription of Dss 250mg #60, with 3 refills; 1 prescription of Methadone 10mg #75; 1 prescription of Cyclobenzaprine-flexeril 7.5mg #90; and 1 prescription of Ibuprofen 600mg #60, with 3 refills.

A review of Dr. [REDACTED] available documentation reveals that the patient was being treated for chronic low back pain and neurogenic pain of the left lower extremity. The treatment regimen consisted of Methadone, NSAIDs, muscle relaxants, laxatives, multiple sleep aids, and an anti-epileptic drug for neuropathic pain. Previous MRIs and examination findings in subsequent office visits corroborate the diagnoses of lumbosacral disc degeneration and chronic pain. The patient did not report any symptoms for which she was receiving treatment with regards to sleep disturbances or constipation. Consistently throughout the progress reports, the patient reported moderately severe pain despite the extensive medication regimen. It was noted that a prior radiofrequency facet ablation helped the patient to realize lower pain levels and epidural steroid injections were authorized, however yet to be performed. The patient was unable to be granted a cardiac clearance as of the most recent office notes and she was continuing to attempt to obtain this through her primary physician.

## 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 07/18/2013)
- Utilization Review Determination from [REDACTED] (dated 07/09/2013)
- Employee medical records from [REDACTED] (dated 07/25/2013)
- Employee medical records from [REDACTED] [REDACTED] (dated 07/26/2013)
- Medical Treatment Utilization Schedule

### 1) Regarding the request for Gabapentin 600mg, #60:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), which are part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 18, which is part of the MTUS.

#### Rationale for the Decision:

The employee was injured on 10/21/2002 after repetitive trauma to the neck and back. The employee has been diagnosed with degenerative joint disease in the

lumbar spine, and was determined not to be a surgical candidate. The employee has been treated with medications, muscle relaxants, antidepressants, cervical spine injection, lumbar facet ablation, and has undergone a functional restoration program. A request was submitted for Gabapentin 600mg, #60.

The MTUS Chronic Pain Medical Treatment Guidelines recommend anti-epileptic drugs such as gabapentin for neuropathic pain. However, a letter dated 7/19/2013 from the provider states the employee did not tolerate gabapentin. **The request for Gabapentin 600mg, #60 is not medically necessary and appropriate.**

**2) Regarding the request for Nortriptyline HCL 10mg, #60 with 3 refills:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

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

Rationale for the Decision:

The employee was injured on 10/21/2002 after repetitive trauma to the neck and back. The employee has been diagnosed with degenerative joint disease in the lumbar spine, and was determined not to be a surgical candidate. The employee has been treated with medications, muscle relaxants, antidepressants, cervical spine injection, lumbar facet ablation, and has undergone a functional restoration program. A request was submitted for Nortriptyline HCL 10mg, #60 with 3 refills.

The MTUS Chronic Pain Medical Treatment Guidelines support tricyclic antidepressant medications for neuropathic pain. The employee is being treated for neuropathic pain in the lower extremity. The employee may respond to the requested medication, but the requested refills are not supported as medically necessary. The employee is being monitored on a monthly basis for untoward side effects. Four fills of this medication are not appropriate. **The request for Nortriptyline HCL 10mg, #60 with 3 refills is not medically necessary and appropriate.**

**3) Regarding the request for Rozerem 8mg, #30 with 3 refills:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Colorado Division of Workers Compensation Chronic Pain Disorder Medical Treatment Guidelines, (2011), page 110, 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 the MTUS does not address the issue in dispute. 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 10/21/2002 after repetitive trauma to the neck and back. The employee has been diagnosed with degenerative joint disease in the lumbar spine, and was determined not to be a surgical candidate. The employee has been treated with medications, muscle relaxants, antidepressants, cervical spine injection, lumbar facet ablation, and has undergone a functional restoration program. A request was submitted for Rozerem 8mg, #30 with 3 refills.

The Colorado Chronic Pain Guidelines indicate that melatonin agonists are a reasonable alternative to sedative hypnotics. This employee has shown good response to this medication. However, the records indicate that the employee is being monitored on a monthly basis and her treatment may change as her pain decreases. Therefore, four fills of this medication are not supported. **The request for Rozerem 8mg, #30 with 3 refills is not medically necessary and appropriate.**

**4) Regarding the request for Ambien 10mg, #15 with 3 refills:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on The ODG section used by the Claims Administrator.

Rationale for the Decision:

The employee was injured on 10/21/2002 after repetitive trauma to the neck and back. The employee has been diagnosed with degenerative joint disease in the lumbar spine, and was determined not to be a surgical candidate. The employee has been treated with medications, muscle relaxants, antidepressants, cervical spine injection, lumbar facet ablation, and has undergone a functional restoration program. A request was submitted for Ambien 10mg, #15 with 3 refills.

The ODG indicate that Ambien may be used for 2 to 6 weeks for the treatment of insomnia. The records submitted and reviewed document that use of this medication has exceeded the limit described in the guideline. Also, the employee does not use the medication regularly. **The request for Ambien 10mg, #15 with 3 refills is not medically necessary and appropriate.**

**5) Regarding the request for Citrucel 500mg, #60 with 3 refills:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on McKay, S., Fravel, M., Scalon, C., Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009, 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 based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 77, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 10/21/2002 after repetitive trauma to the neck and back. The employee has been diagnosed with degenerative joint disease in the lumbar spine, and was determined not to be a surgical candidate. The employee has been treated with medications, muscle relaxants, antidepressants, cervical spine injection, lumbar facet ablation, and has undergone a functional restoration program. A request was submitted for Citrucel 500mg, #60 with 3 refills.

The Chronic Pain Guidelines state that when initiating opioid medication, prophylactic treatment of constipation should be initiated. The guideline does not specify the type of laxative to be used. The guideline used does state that bulk forming laxatives are discouraged due to the possibility of obstruction. Therefore the medication is not necessary. Also, the employee is not adequately treated with methadone, the medication purported to cause her constipation. As this medication may be changed, this makes the laxative not medically necessary as well. **The request for Citrucel 500mg, #60 with 3 refills is not medically necessary and appropriate.**

**6) Regarding the request for DSS 250mg, #60 with 3 refills:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on McKay, S., Fravel, M., Scalon, C., Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009, 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 issue in dispute. The Expert Reviewer relied on the medical treatment guideline used by the Claims Administrator.

Rationale for the Decision:

The employee was injured on 10/21/2002 after repetitive trauma to the neck and back. The employee has been diagnosed with degenerative joint disease in the lumbar spine, and was determined not to be a surgical candidate. The employee

has been treated with medications, muscle relaxants, antidepressants, cervical spine injection, lumbar facet ablation, and has undergone a functional restoration program. A request was submitted for DSS 250mg, #60 with 3 refills.

The medical treatment guideline referenced above indicates that osmotic laxatives may be used as second-line treatment after stool softener(s) and stimulant(s) have been tried. However, the records submitted and reviewed suggest that methadone has not been shown to be the drug of choice for this employee and may need adjusting. Therefore, DSS is not necessary for 3 refills. **The request for DSS 250mg, #60 with 3 refills is not medically necessary and appropriate.**

**7) Regarding the request for Methadone 10mg, #75:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids 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 relied on the Chronic Pain Medical Treatment Guidelines, pages 74-96, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 10/21/2002 after repetitive trauma to the neck and back. The employee has been diagnosed with degenerative joint disease in the lumbar spine, and was determined not to be a surgical candidate. The employee has been treated with medications, muscle relaxants, antidepressants, cervical spine injection, lumbar facet ablation, and has undergone a functional restoration program. A request was submitted for Methadone 10mg, #75.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that for chronic back pain, the requested medication appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (16 weeks or more), but also appears limited. The records submitted and reviewed do not document that this medication has been significantly efficacious in relieving the employee's pain as flare-ups continue to occur. There is also a lack of documentation that other opioids have been tried. The employee has been using methadone for extended period of time. **The request for Methadone 10mg, #75 is not medically necessary and appropriate.**

**8) Regarding the request for Cyclobenzaprine-Flexeril 7.5mg, #90:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), which are part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert

Reviewer relied on the Chronic Pain Medical Treatment Guidelines, page 41, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 10/21/2002 after repetitive trauma to the neck and back. The employee has been diagnosed with degenerative joint disease in the lumbar spine, and was determined not to be a surgical candidate. The employee has been treated with medications, muscle relaxants, antidepressants, cervical spine injection, lumbar facet ablation, and has undergone a functional restoration program. A request was submitted for Cyclobenzaprine-flexeril 7.5mg, #90.

The MTUS Chronic Pain Medical Treatment Guidelines recommend flexeril in a short duration to help with pain. However, the guidelines caution that flexeril should not be used with other medications. In addition, flexeril acts like a tricyclic antidepressant, and the employee is already using a tricyclic antidepressant.

**The request for Cyclobenzaprine-flexeril 7.5mg, #90 is not medically necessary and appropriate.**

**9) Regarding the request for Ibuprofen 600mg, #60 with 3 refills:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), which are part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, page 68, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 10/21/2002 after repetitive trauma to the neck and back. The employee has been diagnosed with degenerative joint disease in the lumbar spine, and was determined not to be a surgical candidate. The employee has been treated with medications, muscle relaxants, antidepressants, cervical spine injection, lumbar facet ablation, and has undergone a functional restoration program. A request was submitted for Ibuprofen 600mg, #60 with 3 refills.

The MTUS Chronic Pain Medical Treatment Guidelines state that a trial of non-steroidal anti-inflammatory drugs may be used on a short-term basis for symptomatic relief. The records submitted and reviewed do not show significant improvement with the medication and the use of the medication exceeds short-term use. **The request for Ibuprofen 600mg, #60 with 3 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sab

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.