

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	11/4/2003
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002629

- 1) MAXIMUS Federal Services, Inc. has determined the request for **90 Tizanidine HCL 4mg** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **120 Hydrocodone/Acetaminophen 10/325mg** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 **90 Tizanidine HCL 4mg** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **120 Hydrocodone/Acetaminophen 10/325mg** 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 Family 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.

Expert Reviewer Case Summary:

The patient is a 44-year-old male that sustained an injury on 11/4/2003. The patient was being treated for chronic back pain and left shoulder pain. He had a decompression procedure on 8/8/2012. A recent exam note on 4/8/2013 state the patient was on Norco and Zanaflex. There was noted tenderness in the cervical spine along with trapezial spasm. Physical therapy was recommended and lifting restrictions were given. Significant objective findings included palpatory tenderness and guarding and decreased range of motion in cervical spine. The left shoulder examination revealed tender musculature, positive impingement sign and crepitus with decreased range of motion in all planes. The strength was decreased to 4/5 in all planes for the left shoulder. Examination of right elbow revealed tender olecranon without tenderness in medial or lateral epicondyle. Prior treatment included physical therapy, chiropractic, and medications including muscle relaxant and opioids since 2010.

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 90 Tizanidine HCL 4mg

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, Muscle Relaxants, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, page 63, which is part of MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that muscle relaxants such as Tizanidine are considered a second-line option for short-term treatment. The records submitted for review document the employee has been treated with muscle relaxants for several months. Further, the efficacy of muscle relaxants has been shown to reduce over time. There is limited evidence on benefit with Tizanidine in the guidelines. **The request for 90 Tizanidine HCL 4mg is not medically necessary and appropriate.**

2) Regarding the request for 120 Hydrocodone/Acetaminophen 10/325mg

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, Opioids, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, page 80, which is part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that opioids such as Hydrocodone are not recommended for headaches. In addition, their efficacy has not been established for use for longer than 16 weeks. Overall, the guidelines do not support long-term use of this class of medication. The records submitted for review indicate the employee has been prescribed opioids since at least 2010. In addition, the employee's records fail to document benefit from prior opioid use. **The request for 120 Hydrocodone/Acetaminophen 10/325mg 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

/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.