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**Notice of Independent Medical Review Determination**

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

3/10/1997

7/23/2013

CM13-0002678

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ativan 1mg #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Baclofen 10mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Oxycodone 30mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for MRI of the thoracic spine without contrast **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 7/10/2013. 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 Ativan 1mg #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Baclofen 10mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Oxycodone 30mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for MRI of the thoracic spine without contrast **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 Preventive 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 10, 2013

**The patient is a 48 year old female with a date of injury of 3/10/1997. Under consideration are prospective requests for a prescription of Ativan 1mg #120, a prescription of Norco 10/325mg #120, a prescription of Baclofen 10mg #90, a prescription of oxycodone 30mg #60 and an MRI of the thoracic spine, without contrast.**

Review of the submitted records indicates that the patient was being treated for chronic headaches, neck pain, and low back pain with numbness and tingling radiating to the lower extremities. Objective findings as of 6/10/2013 consisted of decreased cervical range of motion and tenderness and muscle spasm to palpation. Prior diagnoses include headaches, status post cervical surgery, status post thoracic surgery, status post lumbar surgery L5/S1, bilateral shoulder rotator cuff syndrome, bilateral foot internal derangement, and chronic regional pain syndrome upper and 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
- Utilization Review Determination from [REDACTED]
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Ativan 1 mg #120:**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, which is part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg. 24 which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on March 10, 1997 to the neck, and lower back. The medical records provided for review indicate a diagnosis of complex regional pain syndrome and recurrent thoracic outlet syndrome. The medical report of June 10, 2013 documents persistent right and left hand pain, numbness and tingling of the head, neck, shoulders, arms, hands, and fingers, the employee reports sensation of coldness of the hands and fingers, and a pain score of 7/10. Treatments have included oral analgesic medications, adjuvant medications, multiple prior cervical discectomy and reconstruction procedures, multiple scalenectomy procedures, and multiple procedures for suspected thoracic outlet syndrome. The request is for Ativan 1mg #120.

The MTUS Chronic Pain Guidelines states that benzodiazepines such as Ativan are not indicated for chronic or long-term use purposes, for any condition including chronic pain, anxiety, anticonvulsion, muscle relaxation, etc. The medical records provided for review indicate that the amount and quantity of Ativan being prescribed (120 tablets) suggests that the attending provider intends for this medication to be used for chronic use purposes, which does not meet guideline criteria. The request for Ativan 1mg #120 is not medically necessary and appropriate.

**2) Regarding the request for Norco 10/325mg #120:**Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

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

Rationale for the Decision:

The employee sustained a work-related injury on March 10, 1997 to the neck, and lower back. The medical records provided for review indicate a diagnosis of complex regional pain syndrome and recurrent thoracic outlet syndrome. The medical report of June 10, 2013 documents persistent right and left hand pain, numbness and tingling of the head, neck, shoulders, arms, hands, and fingers, the employee reports sensation of coldness of the hands and fingers, and a pain score of 7/10. Treatments have included oral analgesic medications, adjuvant medications, multiple prior cervical discectomy and reconstruction procedures, multiple scalenectomy procedures, and multiple procedures for suspected thoracic outlet syndrome. The request is for Norco 10/325 mg, #120.

The MTUS Chronic Pain Guidelines indicate that the criteria for continuation of opioids include evidence of reduced pain, improved function, and/or successful return to work. The medical records provided for review do not show evidence of reduced pain, improved function, and/or successful return to work through ongoing usage of this medication. The request for Norco 10/325 mg, #120 is not medically necessary and appropriate.

**3) Regarding the request for Baclofen 10mg #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, which is part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 64, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on March 10, 1997 to the neck, and lower back. The medical records provided for review indicate a diagnosis of complex regional pain syndrome and recurrent thoracic outlet syndrome. The medical report of June 10, 2013 documents persistent right and left hand pain, numbness and tingling of the head, neck, shoulders, arms, hands, and fingers, the employee reports sensation of coldness of the hands and fingers, and a pain score of 7/10. Treatments have included oral analgesic medications, adjuvant medications, multiple prior cervical discectomy and reconstruction procedures, multiple scalenectomy procedures, and multiple procedures for suspected thoracic outlet syndrome. The request is for baclofen 10mg #90.

The MTUS Chronic Pain Guidelines indicate that baclofen can be used to treat spasticity and spasm associated with multiple sclerosis and/or spinal cord injuries. The medical records provided for review does not indicate a diagnosis

of multiple sclerosis or diagnosis of spinal cord injury, which would meet guideline criteria. The request for baclofen 10mg #90 is not medically necessary and appropriate.

**4) Regarding the request for Oxycodone 30mg #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, which is part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 80 which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on March 10, 1997 to the neck, and lower back. The medical records provided for review indicate a diagnosis of complex regional pain syndrome and recurrent thoracic outlet syndrome. The medical report of June 10, 2013 documents persistent right and left hand pain, numbness and tingling of the head, neck, shoulders, arms, hands, and fingers, the employee reports sensation of coldness of the hands and fingers, and a pain score of 7/10. Treatments have included oral analgesic medications, adjuvant medications, multiple prior cervical discectomy and reconstruction procedures, multiple scalenectomy procedures, and multiple procedures for suspected thoracic outlet syndrome. The request is for oxycodone 30mg, #60.

The MTUS Chronic Pain Guidelines indicate that the criteria for continuation of opioids include evidence of reduced pain, improved function, and/or successful return to work. The medical records provided for review indicate no evidence that the applicant has returned to work, showed improved function, and/or reduced pain through prior usage of opioids. The request for oxycodone 30mg, #60 is not medically necessary and appropriate.

**5) Regarding the request for MRI of the thoracic spine without contrast:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 8 (Neck and Upper Back Complaints) (2004), (page 177-178), which is part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the ACOEM chapter 8, table 8-8, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on March 10, 1997 to the neck, and lower back. The medical records provided for review indicate a diagnosis of

complex regional pain syndrome and recurrent thoracic outlet syndrome. The medical report of June 10, 2013 documents persistent right and left hand pain, numbness and tingling of the head, neck, shoulders, arms, hands, and fingers, the employee reports sensation of coldness of the hands and fingers, and a pain score of 7/10. Treatments have included oral analgesic medications, adjuvant medications, multiple prior cervical discectomy and reconstruction procedures, multiple scalenectomy procedures, and multiple procedures for suspected thoracic outlet syndrome. The request is for MRI of the thoracic spine without contrast.

The MTUS/ACOEM Guidelines recommends an MRI or CT to validate diagnosis of nerve root compromise based on clear history and physical examination findings, in preparation for invasive procedure. The medical records provided for review do not indicate a diagnosis of neurologic compromise or that the employee intends to get an invasive procedure based on the findings from the MRI of the thoracic spine. The request for MRI of the thoracic spine without contrast 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.