

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	1/23/2003
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002767

- 1) MAXIMUS Federal Services, Inc. has determined the request for zanaflex 10 mg, #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for vicodin 5/500 mg, #60 **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 zanaflex 10 mg, #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for vicodin 5/500 mg, #60 **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 12, 2013:

“Clinical summary: According to Progress Report dated 06/18/13 by Dr. [REDACTED], the patient complained of cervical pain, thoracic pain, shoulder pain, and lumbar pain, with limited range of motion. According to ICD9, the patient was diagnosed with cervicalgia; pain in joint, shoulder region; pain in thoracic spine; and backache, unspecified. This is a request for Vicodin 5/500mg #60, and Zanaflex 10mg #60.”

### 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 07/23/2013)
- Utilization Review Determination from [REDACTED] (dated 07/12/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

## 1) Regarding the request for zanaflex 10 mg, #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, pg. 66 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, Antispasticity/antispasmodic drugs, Tizanidine (Zanaflex®, generic available), page 66, part of the MTUS, and MTUS §9792.20(f), functional improvement.

### Rationale for the Decision:

The employee sustained a work-related injury on January 23, 2013, resulting in injury to the neck and lower back. The medical records submitted for review indicate treatments have included: analgesic medications, adjuvant medications, transfer of care to and from various providers in various specialties, MRI of the cervical spine of April 15, 2013, notable for multilevel disk protrusions of uncertain clinical significance, an MRI of the lumbar spine on April 15, 2013, also notable for low grade disk protrusions of uncertain clinical significance, and extensive periods of time off of work, on total temporary disability. The request is for zanaflex 10 mg, #30

MTUS Chronic Pain Medical Treatment Guidelines indicate that Zanaflex can be used off label in the treatment of low back pain. According to the medical records provided for review show in this case, the employee has seemingly used this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The employee remains off of work, on total temporary disability. There is no evidence of progressive reduction in work restrictions, improved performance of activities of daily living, and/or diminished reliance on medical treatment. The fact that the employee continues to pursue physical therapy and chiropractic treatment argues against diminished reliance on medical treatment. For all of these reasons, there is no evidence of functional improvement as defined in section 9792.20f. The MTUS Guidelines do not recommend the use of zanaflex 10 mg, #30 in this case. The request for zanaflex 10 mg, #30 **is not medically necessary and appropriate.**

## 2) Regarding the request for vicodin 5/500 mg, #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, pg. 99, 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, When to Continue Opioids, pg. 80, part of the MTUS.

### Rationale for the Decision:

The employee sustained a work-related injury on January 23, 2013, resulting in injury to the neck and lower back. The medical records submitted for review indicate treatments have included: analgesic medications, adjuvant medications, transfer of care to and from various providers in various specialties, MRI of the cervical spine of

April 15, 2013, notable for multilevel disk protrusions of uncertain clinical significance, an MRI of the lumbar spine on April 15, 2013, also notable for low grade disk protrusions of uncertain clinical significance, and extensive periods of time off of work, on total temporary disability. The request is for vicodin 5/500 mg, #60 .

MTUS Chronic Pain Medical Treatment Guidelines indicate that some of the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain through ongoing usage of the same. According to the medical records provided for review there is no evidence of improved functioning and/or reduced pain through prior usage of opioids, and the employee has not returned to work. The request for vicodin 5/500 mg, #60 **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.