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**Notice of Independent Medical Review Determination**

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

3/23/2011

7/24/2013

CM13-0002834

- 1) MAXIMUS Federal Services, Inc. has determined the request for Clonazepam 0.5 mg qty: 180 with 1 refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Mirtazipine 15mg qty: 30 with 1 refill **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Colace 100 mg, qty: 30 with 3 refills **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Ultram 50mg, qty: 120 with 3 refills **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Bengay arthritis ointment, 1 tube with 3 refills **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg, qty 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 7/24/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 Clonazepam 0.5 mg qty: 180 with 1 refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Mirtazipine 15mg qty: 30 with 1 refill **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Colace 100 mg, qty: 30 with 3 refills **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Ultram 50mg, qty: 120 with 3 refills **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Bengay arthritis ointment, 1 tube with 3 refills **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg, qty 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 physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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

“It is the opinion of the reviewing physician that, “the claimant is a 41-year-old employee who was struck by a falling box which hit her on the head and strained her neck in 2011. EMG/NCS of the left upper extremity (LUE) WAS NORMAL ON 8/24/2013. The claimant was last seen by Dr. [REDACTED] on 6/21/2013 noting the pain medications have not effect; current medications are: Colace, Ultram, Ben-gay cream, Atenolol, mirtazapine, omeprazole and clonazepam. Oswestry score indicate a 56% disability (raw score not provided.) Claimant was not provided with a headset by the company so did not return to work. The claimant has ongoing problems with pain and depression symptoms. The request is for pharmacy purchase of medication: clonazepam 0.5mg number 18 with 1

RF, Ultram 50mg number 120 and 3 RF, Ben-gay arthritis ointment 1 tube with 3 RF and omeprazole 20mg number 60 with.”

### **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 7/24/13)
- Utilization Review Determination (dated 7/9/13)
- PR-2 Reports and Medical Records from [REDACTED], Ph.D, [REDACTED] [REDACTED] (dated 8/7/12-5/21/13)
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for Clonazepam 0.5mg, Qty 180:**

#### 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 (2009), Benzodiazepines, pg. 24, 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 guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

#### Rationale for the Decision:

On 3/23/2011 the employee sustained an injury to the head and neck. A review of the medical records submitted for review indicates treatment has included: medications, EMG/NCS and Cognitive Behavioral Therapy. A reviewed medical report dated 5/21/13 indicates the employee continues to experience chronic pain and depression. A request was submitted for Clonazepam, Mirtazipine, Colace, Ultram, Bengay and Omeprazole.

MTUS Chronic Pain Guidelines state “benzodiazepines (Clonazepam) are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence”. The guidelines limit the use of benzodiazepines to 4 weeks. The medical records reviewed do not document the employee’s duration of the use of Clonazepam or provide evidence for the efficacy of this intervention. The request for a prescription of Clonazepam 0.5mg, #18 with 1 refill **is not medically necessary and appropriate.**

### **2) Regarding the request for Mirtazipine 15mg qty: 30 with 1 refill :**

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

The Claims Administrator did not provide any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found no section of the Medical Treatment

Utilization Schedule (MTUS) applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines, (current version), Pain Chapter, Other antidepressants: Mirtazapine, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/23/2011 the employee sustained an injury to the head and neck. A review of the medical records submitted for review indicates treatment has included: medications, EMG/NCS and Cognitive Behavioral Therapy. A reviewed medical report dated 5/21/13 indicates the employee continues to experience chronic pain and depression. A request was submitted for Clonazepam, Mirtazapine, Colace, Ultram, Bengay and Omeprazole.

The Official Disability guidelines indicate Mirtazapine is utilized for patients with chronic pain complaints and dual diagnoses of depression. A reviewed medical report dated 4/2/13 notes that the employee's depression and anxiety continue and the dosage of Mirtazapine has been increased. The submitted records do not document the positive effectiveness of the current medication regime. The request for Mirtazapine **is not medically necessary and appropriate.**

**3) Regarding the request for request for Colace 100mg, qty: 30 with 3 refills :**

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

The Claims Administrator did not provide any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Treatment Guidelines, page 77, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/23/2011 the employee sustained an injury to the head and neck. A review of the medical records submitted for review indicates treatment has included: medications, EMG/NCS and Cognitive Behavioral Therapy. A reviewed medical report dated 5/21/13 indicates the employee continues to experience chronic pain and depression. A request was submitted for Clonazepam, Mirtazapine, Colace, Ultram, Bengay and Omeprazole.

MTUS Chronic Pain Treatment Guidelines indicate that prophylactic treatment for constipation should be provided with the use of opioids. The medical records reviewed do not document whether or not the employee is experiencing gastrointestinal complaints. Furthermore, the records indicate the employee is already taking Senna Plus as needed for the treatment of constipation. The request for Colace **is not medically necessary and appropriate.**

**4) Regarding the request for a prescription of Ultram 50mg Qty: 120 with 3 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 (2009), Tramadol (Ultram®), pgs. 93-94, 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 guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/23/2011 the employee sustained an injury to the head and neck. A review of the medical records submitted for review indicates treatment has included: medications, EMG/NCS and Cognitive Behavioral Therapy. A reviewed medical report dated 5/21/13 indicates the employee continues to experience chronic pain and depression. A request was submitted for Clonazepam, Mirtazipine, Colace, Ultram, Bengay and Omeprazole.

MTUS Chronic Pain Guidelines state Tramadol is an effective method in controlling chronic pain and is often used for intermittent or breakthrough pain. The guidelines indicate patients taking opioids for chronic pain should be monitored for “pain relief, side effects, physical and psychosocial functioning and occurrence of potentially aberrant (or non-adherent drug) related behaviors”. The records do not provide evidence that this medication has been effective in decreasing the rate of pain on the VAS scale and there is no evidence of an increase in objective functionality. Given the lack of positive efficacy, the request for Ultram 50mg, Qty 120 with 3 refills **is not medically necessary and appropriate.**

**5) Regarding the request for a prescription of Bengay arthritis ointment, 1 tube with 3 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 (2009), Topical Analgesics, pages, 111-113, 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 guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/23/2011 the employee sustained an injury to the head and neck. A review of the medical records submitted for review indicates treatment has included: medications, EMG/NCS and Cognitive Behavioral Therapy. A reviewed medical report dated 5/21/13 indicates the employee continues to experience chronic pain and depression. A request was submitted for Clonazepam, Mirtazipine, Colace, Ultram, Bengay and Omeprazole.

MTUS Chronic Pain Treatment Guidelines indicate topical analgesics are largely experimental with a few randomized controlled trials to determine efficacy or safety. The medical records reviewed lack objective findings of symptomatology and lack reports of positive efficacy with the current medication regime. The

request for a prescription of Ben-Gay arthritis ointment, 1 tube with 3 refills **is not medically necessary and appropriate.**

**6) Regarding the request for Omeprazole 20mg, qty: 60 with 3 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 (2009), NSAIDs, GI symptoms & cardiovascular, pg. 68, 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 guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/23/2011 the employee sustained an injury to the head and neck. A review of the medical records submitted for review indicates treatment has included: medications, EMG/NCS and Cognitive Behavioral Therapy. A reviewed medical report dated 5/21/13 indicates the employee continues to experience chronic pain and depression. A request was submitted for Clonazepam, Mirtazipine, Colace, Ultram, Bengay and Omeprazole.

MTUS Chronic Pain Guidelines indicate that Proton Pump Inhibitors (PPI's) are indicated for patients who are at intermediate risk for gastrointestinal events. There is not documentation in the records reviewed to suggest the employee experiences gastrointestinal disturbances and there is no evidence of GERD or gastritis to justify the use of a GI prophylactic medication. The medical records provided do not support the positive effectiveness of the current medication regime. The request for Omeprazole 20mg #60 with 3 refills **is not medically necessary or 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.