
Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	1/24/2002
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003781

- 1) MAXIMUS Federal Services, Inc. has determined the request for ultrasound bilateral shoulders **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tylenol #4 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Neurontin #60 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 5) MAXIMUS Federal Services, Inc. has determined the request for ultrasound bilateral shoulders **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Tylenol #4 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex #60 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Neurontin #60 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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:

██████████ is a 49 year old male Leadman who sustained injury when he tripped over a pallet and fell onto the floor hitting his lower back and right ankle on date of injury 01124/2002. The carrier has accepted the claim for the ankle and back. The carrier has denied the claim for the shoulders, stomach and testes.”

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 07/26/2013)
- Utilization Review Determination from ██████████ (dated 07/09/2013)
- Employee medical records from ██████████
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request ultrasound bilateral shoulders :**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Shoulders, which is not part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found that no section of the MTUS was applicable. 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 ODG Guidelines do support diagnostic ultrasound for diagnosis of shoulder conditions including partial and complete tears of rotator cuff and other intrinsic problems to the shoulder. The medical records provided for review do show that the employee has had adequate trial of therapy and examinations were adequate. The request for ultrasound bilateral shoulders **is medically necessary and appropriate.**

2) **Regarding the request for Tylenol #4 :**

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), Page 35, 92, 88 which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines, for long-term users of opioids, require documentation of pain level, ADL's, adverse side effects and any adverse medication behavior. In the medical records provided for review, there were not a single mention of before and after pain levels, not any mention of Activity of Daily living as a result of the use of these meds and any noticeable changes in quality of life due to the use of the meds. The request for Tylenol #4 **is not medically necessary and appropriate.**

3) **Regarding the request Zanaflex #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 (2009), Antispasticity/Antispasmodic Drugs, page 66, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines state that Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain, however it is used as a first line option to treat myofascial pain, and can also provide benefit as an adjunct treatment for fibromyalgia. On-going documentation and effectiveness of medication is required. The medical records provided for review do not present a single discussion regarding the use of Zanaflex, the indication, effectiveness, changes in ADL's, etc. The request for Zanaflex #60 **is not medically necessary and appropriate.**

4) **Regarding the request Neurontin #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 (2009) Antispasticity/Antispasmodic Drugs, Page 16, 18, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines indicate Gabapentin (Neurontin) to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records provided for review indicate the employee has numbness and tingling in upper extremities with history of bilateral carpal tunnel release. EMG/NCS showed persistent median neuropathies as well as diabetic neuropathy. The request for Neurontin #60 **is 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, 18th Floor
Oakland, CA 94612

/hs

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.