

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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**Notice of Independent Medical Review Determination**

Dated: **11/15/2013**

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/11/2013    |
| Date of Injury:           | 5/16/2009    |
| IMR Application Received: | 7/29/2013    |
| MAXIMUS Case Number:      | CM13-0004407 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg #60** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Valium 10mg #60** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #100** is not **medically necessary and appropriate**.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **Soma 350mg #60** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Valium 10mg #60** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #100** 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:**

This IW is a 45 year old woman with chronic left ankle pain, chronic low back apin, and depression. She may also have CRPS. There is an MRI report of the lumbar spine dated 2/22/12 that states " low back pain following a fall on 2009." Injure on 5/16/09, she received treatment fo a right ankle sprain and a left lateral malleolus fracture. On 6/26/09 she had an MRI of her right ankle. This showed e collateral ligament tears, injury to the peroneus longus tendon, and tenosynovitis of the flexor hallucis longus tendon.

### **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 Provider
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Soma 350mg #60:**

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, Soma (carisoprodol), which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), pages 63, 65, which is part of MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that muscle relaxers play a supporting role in the management of back pain for the short-term only (2 to 3 weeks duration). They can help reduce muscle spasm, but “in most low back pain cases they show no benefit beyond NSAIDS in pain and overall improvement.” They are not recommended for the management of chronic low back pain. The employee has chronic low back pain. **The request for Soma 350mg #60 is not medically necessary and appropriate.**

**2) Regarding the request for Valium 10mg #60:**

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, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, and page 24, which is part of MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate Valium is a benzodiazepine useful in treatment generalized anxiety when properly monitored for tolerance and dependence. While valium may be used for treating muscle spasm, it must only be used for the short-term. Tolerance develops quickly in a a manner of a few weeks. Anxiety may increase when used for longer than a few weeks. **The request for Valium 10mg #60 is not medically necessary and appropriate.**

**3) Regarding the request for Norco 10/325mg #100:**

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, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 81-83, which is part of MTUS.

Rationale for the Decision:

According to MTUS, opioids are beneficial in the management of chronic low back pain in a monitored clinical treatment program that uses multiple modalities and medications which are approved for chronic pain. Opioid use can lead to dependence. Tolerance also develops with continued use. They are not medically indicated for long term use because the “patient may develop hyperalgesia, dependence, dependence, and actual addiction.” **The request for Norco 10/325mg #100 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, 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.

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