

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/17/2013

3/28/2008

7/30/2013

CM13-0004600

- 1) MAXIMUS Federal Services, Inc. has determined the request for a right supraclavicular block **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone 5/500mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg #30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Voltaren Gel 1% 500gm **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 a a right supraclavicular block **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone 5/500mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg #30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Voltaren Gel 1% 500gm **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.

Expert Reviewer Case Summary:

This claimant is a 61-year-old female with multiple complaints of pain. On 08/09/2012, she was seen in clinic. She stated she sustained another injury at work, aggravating her neck and back. She is taking medications which consisted of Voltaren gel for topical muscle pain and inflammation, hydrocodone for pain relief, and tizanidine for muscle spasms. She stated medications were well tolerated and they did help to take the edge off of her symptoms and allowed her to remain active and functional. On exam, her VAS scale was 5/10 to 6/10. She had decreased range of motion of her cervical spine and more decreased on the right than on the left. She had upper motor strength that was 5/5 and deep tendon reflexes were 1+ and symmetrical at the biceps and triceps, and sensation was intact to both arms. Plan was to refill medications, including Voltaren gel, increase hydrocodone to 5/500 mg 1 tab every 4 to 6 hours, and refill tizanidine 4 mg 1 to 4 tabs at bedtime. She returned on 09/10/2012, and at that time she was still on Voltaren gel, hydrocodone, and tizanidine with pain rated at 4/10. It was noted she was getting better with therapy and plan was to continue physical therapy and request a right supraclavicular nerve block. On 11/05/2012, she was taken to surgery for a supraclavicular nerve block for a preoperative diagnosis of thoracic outlet syndrome. On 11/08/2012, she returned to clinic. At that time she still complained of neck pain and right shoulder pain. She stated almost immediately after the nerve block she felt relief, felt like her chest muscles had loosened up. She stated

she was able to perform physical therapy exercise much easier and had attended physical therapy 1 time since her injections. Her pain scale had dropped from 5/10 to 2/10. She stated medication still helped her manage her symptoms, including Voltaren topically and hydrocodone 5 mg up to 3 times a day, and 1 tizanidine at night. On 07/01/2013, she was seen back in clinic. At that time she still complained of right neck and shoulder pain. She stated pain was made worse when she worked. She was still taking hydrocodone, tizanidine, and Voltaren gel. Pain was rated at 5/10 at that time. She reported slight decreased sensation to pinprick over her little finger, but had full range of motion of her shoulder, wrist, and fingers otherwise. Plan was to repeat the supraclavical block at that time and refill medication.

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right supraclavicular block:

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 “Atlas of Interventional Pain Management”, page 199 and an article titled “Ultrasound-guided supraclavicular block,” which are not part of MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pages 201-202, which is part of MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG) Shoulder Chapter, Nerve Blocks section, which is not part of the MTUS.

Rationale for the Decision:

The employee underwent a right supraclavicular nerve block on 11/05/2012. Three days later the employee reported to the clinic, stating the pain had gone down from 5/10 to 2/10. This apparently lasted for some time, since a repeat injection was not requested until a return to the clinic on 07/01/2013. The procedure actually allowed the pain to go down and apparently allowed the employee to function in a more normal fashion and perform physical therapy much more comfortably. **The request for right supraclavicular block is medically necessary and appropriate.**

2) Regarding the request for Hydrocodone 5/500mg #90:

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 MTUS Chronic Pain Medical Treatment Guidelines, pages 79-81, which is part of the MTUS, as well as ODG, Pain Chapter, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section On-Going Management, pages 78 and 91, which is part of MTUS.

Rationale for the Decision:

The last clinical note provided for this review, dated 07/01/2013, indicated that the employee's pain was 5/10. It was further noted that current medications included Hydrocodone, Tizanidine, and Voltaren gel and was being used in small amounts. However, no current drug screen was provided to document that the employee was not aberrant. Additionally, California MTUS, Chronic Pain Medical Treatment Guidelines indicate this medication, an opiate, should be monitored using the "4 A's", analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Lacking documentation of drug screens, noting that the pain was still 5/10 with this medication, analgesia has not been sufficiently addressed. Therefore, continuation of this medication is not supported by California MTUS, Chronic Pain Medical Treatment Guidelines. **The request for Hydrocodone 5/500mg #90 is not medically necessary and appropriate.**

3) Regarding the request for Tizanidine 4mg #30:

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 MTUS Chronic Pain Medical Treatment Guidelines, page 63, which is part of the MTUS, as well as ODG, Pain Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Muscle Relaxants, pages 63-65, which is part of MTUS.

Rationale for the Decision:

California MTUS, Chronic Pain Medical Treatment Guidelines indicate this medication is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is noted that it can be used for low back pain on an unlabeled status. Guidelines further recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Records indicate the employee has been on this medication since 08/09/2012. The efficacy of the medication has not been objectively demonstrated by the records provided. The most recent clinical note fails to indicate that the employee has spasticity and/or significant muscle spasms. Therefore, continuation of this medication is not

supported by California MTUS, Chronic Pain Medical Treatment Guidelines or the records. **The request for Tizanidine 4mg #30 is not medically necessary and appropriate.**

4) Regarding the request for Voltaren Gel 1% 500gm:

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 MTUS Chronic Pain Medical Treatment Guidelines, which are part of the MTUS, as well as ODG, Pain Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics, pages 111-113, which is part of the MTUS.

Rationale for the Decision:

The records indicate the employee has been on this medication since 08/09/2012. As of 07/01/2013 the pain score was still 5/10 with medications. Efficacy of this medication has not been demonstrated. Additionally, California MTUS, Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Specifically for this medication, there are no other commercially approved formulations of lidocaine other than a Lidoderm patch that are indicated for neuropathic pain. Guidelines indicate that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. As the efficacy of this medication has not been demonstrated and the employee has been on this for a significant length of time, the guidelines do not specifically endorse this medication. **The request for Voltaren Gel 1% 500mg 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, 18th Floor
Oakland, CA 94612

/skf

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.