

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	11/26/2012
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0004656

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Norco #180 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Amrix 30mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Edular 10mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for unknown chiropractic treatments **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for unknown acupuncture sessions **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 7/8/2103. 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 1 prescription of Norco #180 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Amrix 30mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Edular 10mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for unknown chiropractic treatments **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for unknown acupuncture sessions **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:

The patient is a 40-year-old male who reported an injury on 11/26/2012. Per the Doctor's First Report of Occupational Injury or Illness Form, the claimant was walking down a flight of stairs when he slipped and fell on his tailbone and lower back. The patient was seen on 12/4/2012 with complaints of right buttocks and leg pain. The patient had been treated with anti-inflammatory medication and a pain medication, but could not recall the name. The patient rated pain at 6-7/10. X-rays were negative for fracture. The patient was recommended for MRI, electrodiagnostic study, Norco, Naprosyn, Prilosec, and urine drug screen. MRI was completed on 1/28/2013 that revealed 4-5 mm disc bulge at L5-S1 with mild bilateral neural foraminal narrowing. Initial physical therapy evaluation completed on 2/19/2013 reported that the patient had 19 degrees of lumbar extension, 14 degrees of left side bending, 16 degrees of right side bending, and what appeared to be 80 degrees of flexion. The patient followed up with the provider on 3/14/2013 with reports that therapy was helping. The patient was noted to have 60 degrees of lumbar flexion and 10 degrees of extension. The patient was recommended for Norco, continued therapy, urine drug screen, and lumbar epidural steroid injection. Urine drug screen collected on 3/14/2013 was positive for

hydrocodone and hydromorphone. Electrodiagnostic study performed on 3/22/2013 revealed findings consistent with chronic right L5 and left L4 radiculopathy. Procedure report on 4/5/2013 reported the patient underwent a lumbar epidural steroid injection. Follow-up on 4/10/2013 reported the patient had no real significant relief from epidural steroid injection. The patient was noted to be taking 3 Norco a day, but had a difficult time sleeping. The patient was noted to have spasms and positive bilateral straight leg raise on physical examination, as well as 4/5 bilateral gastroc soleus bilaterally. The patient was recommended for lumbar spine decompression and fusion. Follow-up on 5/7/2013 reported the patient did not wish to undergo surgery and he was recommended for acupuncture and chiropractic care. Urine drug screen collected on 5/7/2013 was positive for hydrocodone and hydromorphone. Utilization review letter dated 6/14/2013 reported the patient was certified for Edular, 4 acupuncture sessions, and 6 chiropractic sessions. Clinical note dated 7/1/2013 reported that the patient was receiving treatment including physical therapy, acupuncture, and medications, as well as chiropractic treatment. The patient complained of chronic low back pain radiating to the right lower extremity with associated numbness and reported that symptoms were partially better with medications, physical therapy, and home exercise program. Physical examination revealed steady gait, midline lumbar tenderness, right sacroiliac (SI) joint tenderness, 60 degrees of forward flexion, and 10 degrees of extension. The patient had decreased sensation in the right lower extremity with depressed bilateral patellar reflexes. The patient was recommended for continued acupuncture. Follow-up office visit on 7/18/2013 reported the patient had low back spasms, 40 degrees of lumbar flexion, 10 degrees of lumbar extension, decreased sensation in the L4-S1 distributions and positive bilateral straight leg raise. The patient was again recommended for L4-5 and L5-S1 posterior disc decompression and fusion. The patient was agreeable to surgical intervention.

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 1 prescription of Norco #180:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Hydrocodone/Acetaminophen Section, page 91, and Opioids Section, pages 76-78, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend Norco for patients with moderate to moderately severe pain. The guidelines also recommend documentation of the

“4 A’s”, which consistent of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors prior to ongoing management of opioids. The records submitted for review indicate the employee has moderate to moderately severe pain and is currently pending request for lumbar spine decompression and fusion. The employee is not taking any other opioid medications and does not have any documented side effects to this medication. In addition, the employee has a history of consistent urine drug screens for hydrocodone/Norco and is noted to have relief with medications as described in the clinical note dated 7/1/2013. **The request for 1 prescription of Norco #180 is medically necessary and appropriate.**

2) Regarding the request for 1 prescription of Amrix 30mg:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine Section, pages 41-42, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend Amrix (cyclobenzaprine) for a short course of therapy. The records submitted for review indicate the employee has muscle spasms on physical examination. However, the employee has been utilizing Amrix for over 4 weeks. Therefore, ongoing use of Amrix would not be supported per guidelines. **The request for 1 prescription of Amrix 30mg is not medically necessary and appropriate.**

3) Regarding the request for 1 prescription of Edular 10mg:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Online Edition, Pain Chapter, Zolpidem section, which is not part of the MTUS.

Rationale for the Decision:

The ODG state Edular (zolpidem) is recommended for short-term use, 2-6 weeks, for the treatment of insomnia. The employee is noted to have complaints of insomnia. However, the employee has been taking the medication for over six weeks. Further, there is no documentation of any significant improvement in the employee’s sleep pattern with use of the medication. **The request for 1 prescription of Edular 10mg is not medically necessary and appropriate.**

4) Regarding the request for unknown chiropractic treatments:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation Section, page 58, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend an initial trial of 6 sessions of chiropractic care for patients with chronic pain caused by musculoskeletal condition. The guidelines also indicate there has to be evidence of objective functional improvement to warrant additional treatment sessions. The records submitted for review indicate the employee does have chronic pain with functional deficits. However, the most recent clinical note available for review recommended the employee for lumbar spine fusion. Thus, chiropractic treatment would not be warranted at this time. In addition, the request does not contain requested duration and frequency for the proposed therapy. Moreover, although the employee was previously authorized for 6 chiropractic sessions on 6/14/2013, there are no subsequent clinical notes documenting any significant objective functional improvement to warrant additional sessions. **The request for unknown chiropractic treatments is not medically necessary and appropriate.**

5) Regarding the request for unknown acupuncture sessions:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which are part of the MTUS.

Rationale for the Decision:

The Acupuncture guidelines recommend up to 3 to 6 sessions of acupuncture to produce effect. The records submitted for review indicate the employee was previously authorized for 4 acupuncture sessions on 6/14/2013. However, there are no clinical notes to document any significant functional improvement to warrant additional treatment. Further, the request is for an unknown duration and frequency of acupuncture care. Lastly, the employee is currently pending surgical intervention and acupuncture services would not be warranted at this time. **The request for unknown acupuncture sessions 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, 18th 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.