
Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 1/30/2006
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0005273

- 1) MAXIMUS Federal Services, Inc. has determined the request for **two random urine drug screen testings in a 12 month period is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Ultram 50mg #120 is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Lunesta 3mg #30 is 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 7/19/2013. 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 **two random urine drug screen testings in a 12 month period is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Ultram 50mg #120 is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Lunesta 3mg #30 is 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:

34 year old employee with injury from 1/30/06 with pain in low back and bilateral legs. The treater's July 2013 report lists Lunesta, Neurontin, Flexeril and Ultram for medications. The patient indicates that the meds are helpful in reducing pain. Diagnosis is spondylolisthesis without myelopathy, opioid dependence.

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 two random urine drug screen testings in a 12 month period:

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 Official Disability Guidelines, Urine Drug Testing, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, pg. 43, which is part of the California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), Urine Drug Screen, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ODG guidelines recommend urine drug screen (UDS) to be performed once a year for low risk patient and 2-3 times per year for moderate risk patient. The medical records submitted and reviewed indicate that the provider has identified the employee as a moderate risk patient by indicating that the employee has a diagnosis of opioid dependence. The guideline criteria has been met. **The request for two random urine drug screen testings in a 12 month period is medically necessary and appropriate.**

2) Regarding the request for Flexeril 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, Cyclobenzaprine (flexeril, Amrix, Fexmid, generic available), which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (flexeril, Amrix, Fexmid, generic available), pg. 64, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Flexeril is recommended as a short-term use for chronic low back pain and it is not recommended for a chronic use. The review of the medical records submitted does not indicate that this medication is prescribed for a short term but twice daily on a monthly basis. **The request for Flexeril 10mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Ultram 50mg #120:

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, Opioids specific drug list, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol pg. 80, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee suffers from chronic low back pain with spondylolisthesis. MTUS Chronic Pain Medical Treatment Guidelines support the use of tramadol for chronic pain management as stated on reference. **The request for Ultram 50mg #120 is medically necessary and appropriate.**

4) Regarding the request for Lunesta 3mg #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 Official Disability Guidelines (ODG), Insomnia Treatment section, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

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), Eszopicolone (Lunesta).

Rationale for the Decision:

The MTUS is silent regarding Lunesta. The ODG supports chronic use of Lunesta for insomnia. The employee does suffer from insomnia due to chronic pain. **The request for Lunesta 3mg #30 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.