

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/31/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	7/5/2003
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005326

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 trigger point injections bilaterally at L4 and L5 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Dendracin lotion **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Restoril 30mg #30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Klonopin #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for one (1) 12-panel preliminary urine screen **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 7/24/2013. 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 1 trigger point injections bilaterally at L4 and L5 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Dendracin lotion **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Restoril 30mg #30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Klonopin #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for one (1) 12-panel preliminary urine screen **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 Pain Management and is licensed to practice in Oklahoma. 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 75-year-old female who reported a work-related injury on 07/05/2003, specific mechanism of injury is not stated. The patient subsequently is status post multiple surgical interventions to the lumbar spine, most recent having been completed on 07/24/2012 indicative of a lumbar fusion. The clinical notes evidence the patient utilizes the following medication regimen, Synovacin 3 times a day, Dendracin topical cream, Klonopin 1 mg twice a day as needed, Norco 10/325 mg 3 times a day/4 times a day, Restoril 30 mg at bedtime. Narrative re-evaluation report dated 07/16/2013 reports the patient was seen for followup under the care of Dr. [REDACTED] for her chronic pain complaints. The provider documents the patient had developed flare up of back pain radiating down the left lower extremity. The provider recommended the patient undergo a caudal epidural block. The provider documented the patient received certification for a spinal cord stimulator trial. The provider documented upon physical exam of the patient, the patient's gait showed slight left side favoring guarded gait. The provider documented bilateral paravertebral muscle tenderness was noted. Bilateral myofascial trigger points were noted at L4 and L5 and pressure over it elicited radiating localized pain. Left lumbar facet tenderness and left sacroiliac joint tenderness were noted. Thoracic spine and lumbar spine movements were restricted and painful. The patient had positive

straight leg raise and Lasègue's sign to the left lower extremity. The provider documented examination of the left knee revealed mild medial and lateral tenderness. Examination of the right shoulder revealed shoulder movements were less restricted and less painful. Sensory exam evidenced the patient had hypoalgesia to the distribution of the left L4, L5 and S1 nerve root. Motor exam showed mild weakness of the left lower extremity compared to the right. No asymmetric atrophy of muscle was seen. The provider documented the patient was administered prescriptions for Norco, Restoril, Klonopin, Synovacin, and Dendracin.

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 trigger point injections bilaterally at L4 and L5:
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, Criteria for the use of Trigger Point Injections, which is a part of the MTUS.

The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Trigger Point Injections, page 122, which is a part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate the, "Criteria for the use of trigger point injection includes radiculopathy are not present by examination or neuro testing." Furthermore, no repeat injections are recommended unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The clinical notes reviewed lacked evidence of quantifiable measures of the employee's pain relief status post previous trigger point injections on a visual analog scale (VAS). Furthermore, the records indicate objective findings of radiculopathy upon physical exam. **The request for 1 trigger point injections bilaterally at L4 and L5 is not medically necessary and appropriate.**

**2) Regarding the request for Dendracin lotion:
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, Topical Analgesics, which is part of the MTUS.

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

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate, “Many agents are compounded as monotherapy or in combination for pain control, there is little to no research to support the use of many of these agents. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.” The medical records reviewed indicate the provider requests that the medication regimen is supported; however, the provider fails to document objective functional improvements or a decrease in rate of pain on a VAS as a result the medication regimen. **The request for Dendracin lotion is not medically necessary and appropriate.**

3) Regarding the request for Restoril 30mg #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 Chronic Pain Medical Treatment guidelines, Benzodiazepines, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment guidelines, Benzodiazepines, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic pain guidelines indicate that, “Benzodiazepines are not recommended for long-term use.” The employee utilizes both Restoril and Klonopin both in the benzodiazepine drug class. Evidence based guidelines strongly recommend avoiding all types of benzodiazepine classified drugs for employees age 65 years and older as older adults have increase sensitivity to benzodiazepines and decrease metabolism on long acting agents. The records indicate the employee had been recommended to begin weaning status post multiple adverse determinations for both these medications. **The request for Restoril 30 mg #30 is not medically necessary and appropriate.**

4) Regarding the request for Klonopin #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, Benzodiazepines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment guidelines, Benzodiazepines, page not cited, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic pain guidelines indicate that, “Benzodiazepines are not recommended for long-term use.” The employee utilizes both Restoril and Klonopin both in the benzodiazepine drug class. As noted in the previous adverse determination, evidence based guidelines strongly recommend avoiding all types of benzodiazepine classified drugs for employees age 65 years and older as older adults have increase sensitivity to benzodiazepines and decrease metabolism on long acting agents. The medical records indicate the employee

had been recommended to begin weaning status post multiple adverse determinations for both these medications. **The request for Klonopin # 60 is not medically necessary and appropriate.**

5) Regarding the request for one (1) 12-panel preliminary urine screen:
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), Current Version, Pain Section, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, pg. 43, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that, "Drug testing is recommended as an option to assess for the use or the presence of illegal drugs." The medical records reviewed indicate that the employee had undergone multiple urine drug screens within the recent months without any inconsistencies noted; therefore, the urine drug screen performed on 07/16/2013 is not indicated. Furthermore, the provider did not document a rationale for a 12-panel preliminary urine drug screen at this point in treatment. **The request for one (1) 12-panel preliminary urine screen 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

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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.