

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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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:	3/3/2010
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005428

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Zanaflex is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **dental consultation is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **DME: ROM testing is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. 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 **Norco** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Zanaflex** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for a **dental consultation** is **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **DME: ROM testing** 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 Preventive Medicine and Occupational 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant, [REDACTED], is a represented [REDACTED] employee, who has filed a claim for a chronic neck, shoulder, and jaw pain, reportedly associated with an industrial injury of March 3, 2010.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior right shoulder surgery of January 30, 2013; adjuvant medications; subsequent manipulation under anesthesia; and the apparent imposition of permanent 15-pound lifting limitation. It does not appear that the applicant has returned to work with said limitations in place.

Multiple handwritten progress notes, including those of April 1, 2013; June 25, 2013; and August 12, 2013, all suggested that the applicant is off work.

In a utilization review report of July 12, 2013, the claims administrator apparently denied authorization for a dental consultation; Norco, Voltaren, and Zanaflex; range of motion testing; and a cervical pillow.

In a handwritten progress note of June 25, 2013, non-tautological, it is stated that the applicant has completed 24 sessions of physical therapy. The applicant is still on Norco, Voltaren, and Zanaflex. The applicant reports increased range of motion. There is apparent tenderness about the jaw. The applicant also has popping with repetitive opening of the mouth. Shoulder range of motion is still limited. The applicant is asked to remain off work, on total temporary disability. A dental consultation is sought. Medications are renewed.

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 Norco:

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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, pg. 80, which is a part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines state primary criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and/or reduced pain through prior usage of the same. In this case, however, the employee has not returned to work, and is on total temporary disability. There is likewise no evidence of improved function and/or reduced pain. The criteria for continuation of opioid therapy has not been met. **The request for Norco is not medically necessary and appropriate.**

2) Regarding the request for Zanaflex:

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, Muscle relaxants, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antispasmodic/Antispasmodic Drugs, Tizanidine, pg. 66, which is a part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate Zanaflex is seemingly weakly endorsed for off-label use in the treatment of low back pain. In this case, however, there is no evidence of functional improvement with prior usage of the same which might justify further usage of tizanidine. The records provided for review do not clearly state that the employee returned to work. It does not appear that the employee has demonstrated any evidence of functional improvement in terms of work status, work restrictions, activities of daily living, or diminished reliance on medical treatment. **The request for Zanaflex is not medically necessary and appropriate.**

3) Regarding the request for a dental consultation:

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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Introduction, pg. 1, which is a part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines state the presence of persistent complaints implies a failure of conservative management and should lead the primary treating provider to reconsider the diagnosis and/or consult a specialist. In this case, the employee's ongoing issues with jaw pain, crepitation, etc., do warrant the added expertise of a dentist. **The request for a dental consultation is medically necessary and appropriate.**

4) Regarding the retrospective request for DME: ROM testing:

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 Medical Fee Schedule (OMFS), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Physical Examination, which is a part of MTUS.

Rationale for the Decision:

The purpose of ROM testing was not described or elaborated upon in the records provided for review. The MTUS ACOEM Guidelines state range of motion should be ascertained both actively and passively. No role for computerized range of motion testing is established in the MTUS Guidelines, which suggest evaluation of an individual through general observation and regional examination as opposed to the computerized range of motion testing. **The retrospective request for DME: ROM testing 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

/hs

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.