

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	10/1/2005
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005466

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Xanax 0.25mg #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **28 physical therapy sessions is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 Xanax 0.25mg #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **28 physical therapy 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 42-year-old male with a date of injury of 10/1/05. The patient diagnoses includes low back pain, status post lumbar micro decompression which took place on 5/30/13, morbid obesity, severe anxiety, depression, gastroesophageal reflux disease (GERD), insomnia, and hypertension. The medical record report dated 5/30/13 by [REDACTED], M.D. noted that the patient had been taking OxyContin, Norco, Baclofen and Xanax for severe pain, depression, and anxiety for the past 2 years. The patient has been prescribed Baclofen, Ambien, OxyContin, Norco, and Xanax to manage pain. The progress report by [REDACTED] M.D. dated 6/20/13 noted that the patient was not having any side effects from his medications and that they were helping the patient to maintain functional capacity. The treatment plan included refilling the patient's medications and a plan to eventually taper down the amount of OxyContin to prevent iatrogenic dependence and tolerance. A request was also made for 28 sessions of physical therapy to increase range of motion and functional capacity status.

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 CID Management
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 prescription of Xanax 0.25mg #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, which is part of the MTUS and the Official Disability Guidelines, (ODG), Pain, Chronic, which is not part of MTUS.

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is a part of MTUS.

Rationale for the Decision:

The medical record report dated 5/30/13 noted that the employee had been taking OxyContin, Norco, Baclofen and Xanax for severe pain, depression, and anxiety for the past 2 years. The employee has been prescribed Baclofen, Ambien, OxyContin, Norco, and Xanax to manage pain. MTUS guidelines (pg. 24) does not support benzodiazepines for long-term use. **The request for 1 prescription of Xanax 0.25mg #30 is not medically necessary and appropriate.**

2) Regarding the request for 28 physical therapy sessions:

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 Definitions, (1) and (2), which is part of MTUS.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, Intervertebral disc disorders without myelopathy, which is part of MTUS.

Rationale for the Decision:

According to the medical records it does not appear that the employee has undergone any postoperative physical therapy (PT) to date. MTUS recommends an initial course of therapy for 8 visits and additional visits up to 16 visits over 8 weeks for postsurgical treatment (discectomy/laminectomy), with documentation of functional improvement. The requested 28 PT sessions exceeds the number of visits supported by MTUS. **The request for 28 physical therapy 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,

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.