

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	6/1/2001
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006072

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Lorazepam 2mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 10/325mg #240 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Wellbutrin 150mg #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg #30 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 **Lorazepam 2mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 10/325mg #240 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Wellbutrin 150mg #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg #30 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 63-year-old female who reported injury on 06/01/2001. The review of records indicates the patient has low back pain and bilateral knee pain. The note dated 12/04/2012, a follow up note per Dr. [REDACTED] indicated the patient is taking Wellbutrin for Depression and Ativan for anxiety. As per the PR2 dated 07/15/2013, the patient reported that the morphine did not provide as much pain relief as the oxycodone and that it still caused excessive itching. The patient stated that her other medications are working well to keep her pain manageable. The patient's states she is still having issues with her left knee and feels activity hurts more now than it did before surgery. Objective findings revealed tenderness to palpation medially inferior to the patella on the left along with mild erythema and edema to the bilateral lower extremities. The physician noted that the patient could sit comfortably. The physician stated he was changing the patient's morphine sulfate to Dilaudid 8 mg. The patient was noted to be prescribed lorazepam, hydrocodone 10/500, Wellbutrin, and Flexeril.

**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 Lorazepam 2mg #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, pg. 24, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use. Clinical documentation dated 12/04/2012 indicated the employee was taking Ativan for anxiety, however, it fails to include a recent re-evaluation and additionally, the medication is not indicated for long term use. It fails to provide documentation of efficacy of this medication and fails to provide documented necessity for long term use. **The request for Lorazepam 2mg #60 is not medically necessary and appropriate.**

**2) Regarding the request for Hydrocodone 10/325mg #240:**

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, criteria for use, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 78, 91, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines recommend short acting opioids for chronic pain. Additionally, when the patient has chronic pain, ongoing management should include documentation of analgesia, activities of daily living, adverse deficits, and aberrant drug-taking behaviors. The clinical documentation submitted for review indicated the employee was not getting the relief they was used to with oxycodone when changed to morphine as a treatment for low back pain and knee pain. The clinical documentation submitted for review fails to indicate if the employee is getting analgesia, has increased activities of daily living with the medications, has failed to provide if the employee is or is not having side effects, and has failed to indicate if the employee is having aberrant drug-taking behaviors. Additionally, the employee is noted to be taking Dilaudid and hydrocodone but fails to provide how many hydrocodone the employee is taking on a daily basis. **The request for Hydrocodone 10/325mg #240 is not medically necessary and appropriate.**

**3) Regarding the request for Wellbutrin 150mg #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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin), pg. 16, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that Wellbutrin has been effective in relieving neuropathic pain in different etiologies in a small trial. The clinical documentation submitted for review indicated that the employee was taking this medication for depression, however, it failed to provide a recent examination and documentation of efficacy of use. **The request for Wellbutrin 150mg #60 is not medically necessary and appropriate.**

**4) Regarding the request for Flexeril 10mg #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), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine (Flexeril), pg 41, which is part of the MTUS.

Rationale for the Decision:

Guidelines recommend Flexeril as an option using a short course of therapy. It is used in the management of back pain. The clinical documentation submitted for review indicates the employee has been on this medication long term and fails to provide support for the use of this medication through an objective physical examination, as well as the indication for this employee's use of the medications.

**The request for Flexeril 10mg #30 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, 18<sup>th</sup> 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.