

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	1/31/2003
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007463

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine 4mg tablets #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Fioricet 50mg/325mg/350mg tablets #60 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on September 6, 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 **Tizanidine 4mg tablets #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Fioricet 50mg/325mg/350mg tablets #60 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 45-year-old female who sustained an occupational injury on 01/31/2003. Her mechanism of injury was not provided in the medical records. She did, however, subsequently suffer multiple neck, upper back, right shoulder, and right elbow injuries that were accepted by the carrier. Records submitted for review indicated the patient has utilized recent chiropractic sessions secondary to flare-ups of headaches, neck, and right upper back pain with radiation of pain to the left shoulder. Records indicate from 07/09/2013 that right shoulder impingement status post surgery 2 of which are arthroscopic and 2 of which are manipulation under anesthesia. Neck pain referred pain into the extremities. The patient was given a refill of tizanidine #60 for muscle spasm which she apparently experiences on a daily basis.

### **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 Tizanidine 4mg tablets #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, pgs. 63- 66, which is part of the MTUS.

The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, pgs 63-64, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that the use of muscle relaxants for pain are recommended. Nonsedating muscle relaxants should be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility.

Documentation submitted and reviewed indicates that the efficacy of these medications appear to diminish over time, and prolonged use of some medications in this class may lead to dependence. While the California MTUS does recognize the use of tizanidine for management of spasticity, it is also recognized as being used for the unlabeled use of low back pain.

Documentation submitted for review indicates this employee has been treated for ongoing issues of chronic low back pain and spasm. While the California MTUS does recognize the use tizanidine for the treatment of low back pain, it also recommends it only to be used for short-term treatment of acute exacerbations.

While it is not exactly clear how long the employee has been using tizanidine, records do indicate that the employee has been using tizanidine for at least 6 to 12 months at this time. The use of a medication of this time frame no longer can be labeled as acute in which case the physician is now prescribing tizanidine for chronic low back pain. **The request for Tizanidine 4mg tablets #60 is not medically necessary and appropriate.**

**2) Regarding the request for Fioricet 50mg/325mg/350mg tablets #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 Guideline, pg. 23, which is part of the MTUS.

The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Barbiturate-containing analgesic agents, pg. 23, which is part of MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines MTUS indicates that barbiturate containing analgesics are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbitruates constituency. There is a lack of medication overuse as well as rebound headache. While the documentation submitted for review does indicate the employee has on going

complaints of headaches as well as neck pain/chronic pain and indication that the employee has been treated with Fioricet for chronic pain in the past, this request can no longer be supported as barbiturate containing analgesics are simply not recommended and not supported for chronic pain. **The request for Fioricet 50mg/325mg/350mg tablets #60 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.