

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/28/2013
Date of Injury:	5/1/2012
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009832

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Lyrica 50mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone HCL 15mg #120 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **TENS unit is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 **Lyrica 50mg #90** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone HCL 15mg #120** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg #60** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **TENS unit** 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 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 had an injury on 5/1/12 and continues to experience symptoms related to this accident. Per note on 7/23/13, the patient noted increase in back and leg pain symptoms. There is question about the efficacy of Lyrica, the rationale for Flexeril for non-acute symptoms, the need for a TENS unit and for Oxycodone.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for Lyrica 50mg #90:

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 California Chronic Pain Medical Treatment Guidelines, (May 2009), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Treatment Guidelines, Pregabalin (Lyrica), pg. 19, which is part of the MTUS

Rationale for the Decision:

As the MTUS Guidelines states, Pregabalin (Lyrica®) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. A review of the records does not indicate that the employee has diagnoses for any of the above medical conditions and there is not sufficient documentation indicating the effectiveness of Lyrica in this case and as such, it is not medically necessary to continue this medication. **The request for Lyrica 50mg #90 is not medically necessary and appropriate.**

2) Regarding the request for Oxycodone HCL 15mg #:

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 California Chronic Pain Medical Treatment Guidelines, (May 2009), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 75, Long acting opioids, which is a part of the MTUS.

Rationale for the Decision:

MTUS Guidelines state that long-acting opioids: also known as “controlled-release”, “extended-release”, “sustained-release” or “long-acting” opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MSContin®, Oramorph SR®, Kadian®, Avinza®), Oxycodone (Oxycontin®), Fentanyl (Duragesic Patch®), Hydromorphone (Palladone®).

The use of opioids should be part of a treatment plan that is tailored to the patient. Questions to ask prior to starting therapy: are there reasonable alternatives to treatment, and have these been tried; is the patient likely to improve - examples: was there improvement on opioid treatment in the acute and subacute phases; were there trials of other treatment, including non-opioid medications, is there likelihood of abuse or an adverse outcome?

A review of the records indicates, in this case, the notes on 7/23/13 state “Pain has increased since last visit and pain has remain unchanged since last visit.” It is not clear if the Oxycodone is sufficiently reducing pain and improving function. The medical necessity of Oxycodone is not clear. **The request for Oxycodone HCL 15mg #120 is not medically necessary and appropriate.**

3) Regarding the request for Flexeril 10mg #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 California Chronic Pain Medical Treatment Guidelines, (May 2009), muscle relaxants which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 41-42, Cyclobenzaprine, which is a part of the MTUS.

Rationale for the Decision:

MTUS Guidelines recommend Flexeril as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008) Cyclobenzaprine.

Flexeril is medically necessary for acute pain exacerbations. A review of the records indicates in this case, the notes on 7/23/13 indicate that the employee had palpatory muscle tenderness and taut muscle bands on exam. The notes also indicate that pain has increased and has remained unchanged since last visit. Thus, it is not clear if the employee had an acute pain exacerbation or if the flexeril is being used as a treatment for a chronic pain condition. **The request for Flexeril 10mg, #60 is not medically necessary and appropriate.**

4) Regarding the request for TENS unit:

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 California Chronic Pain Medical Treatment Guidelines, (May 2009), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, TENS chronic pain, pg. 114, which is a part of the MTUS.

Rationale for the Decision:

MTUS Guidelines do not recommend TENS Unit Therapy as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. A review of the records indicates that there do not appear to be clearly stated short and long-term goals for the use of a TENS unit for this employee. **The request for TENS Unit 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.