
Notice of Independent Medical Review Determination

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 6/25/2013
Date of Injury: 1/7/2013
IMR Application Received: 7/5/2013
MAXIMUS Case Number: CM13-0000983

- 1) MAXIMUS Federal Services, Inc. has determined the request for Anaprox 550mg #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Protonix 20mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Flurbiprofen 25% (quantity unknown) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Pool Therapy (duration unknown) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/5/2013 disputing the Utilization Review Denial dated 6/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. 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 Anaprox 550mg #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Protonix 20mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Flurbiprofen 25% (quantity unknown) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Pool Therapy (duration unknown) **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 25, 2013

“Clinical Summary: This 76-year-old female sustained an injury to her low back on 1/7/13. The mechanism of injury occurred when a chair moved back, as the patient was about to sit down, and she fell. Physical therapy (PT) was ordered on 2/25/13. Additional PT was ordered on 4/3/13. She improved with PT, but slowly. Acupuncture was also recommended. She had a magnetic resonance imaging (MRI) on 2/14/13 that showed at L2-L3, a 2.9 mm anterior disc bulge, bilateral facet arthrosis, and ligamentum flavum hypertrophy; at L3-L4, a 3.9 mm circumferential disc bulge, which mildly impresses on the thecal sac, bilateral facet arthrosis, and mild bilateral neural foramina I narrowing; at L4-L5, a 5.0 mm circumferential disc bulge, which mildly impresses on the thecal sac, bilateral facet arthrosis, and moderate right and mild left neural foramina I narrowing; and at L5-S1, a 2.9 mm circumferential disc bulge, which touches the thecal sac, bilateral facet arthrosis, and mild bilateral neural foramina I narrowing. On a note dated 4/27/13, the patient complained of constant low back pain, associated with muscle spasms. The pain increased with repetitive bending and stooping, and prolonged sitting, standing, and walking. Physical examination showed the patient ambulated with a normal gait and was in no acute distress. She was noted to have

tenderness to palpation from L3-S1 region; palpable tenderness over the right para spinal muscle, greater than the left; limited range of motion (ROM) of flexion, only able to go about 20 degrees, with pain directed at the bilateral para spinal muscles; negative straight leg raise; adequate strength in all testing of the lower extremities; and nerve testing was within normal limits bilaterally. Diagnostic impressions were a lumbar sprain/strain and possible discopathy, rule out radiculopathy.”

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 for Independent Medical Review (received 7/5/13)
- Utilization Review Determination (dated 6/25/13)
- Employee medical records from [REDACTED], DO (dated 4/27/13-5/25/13)
- Employee medical records from [REDACTED], DC (dated 2/20/13-6/19/13)
- Employee medical records from [REDACTED], DC (dated 1/11/13)
- Employee medical records from [REDACTED] (dated 2/14/13)
- Employee medical records from [REDACTED] (dated 4/27/13)
- Employee medical records from [REDACTED] (dated 1/25/13-3/29/13)
- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg 298-299
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 22, 67-73

1) Regarding the request for Anaprox 550mg #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 73 of 127, which is part of the Medical Treatment Utilization Schedule (MTUS) was relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a low back injury associated with an industrial fall on 1/7/13. The medical records provided and reviewed indicate treatment has included analgesic medications; lumbar MRI, notable for multilevel disk bulges and degenerative changes; topical analgesics; unspecified amounts of physical therapy; and time off of work. The medical report of 4/27/13 is notable for chronic low back pain which is exacerbated by bending and stooping, comorbid diabetes treated with unspecified medications, a normal gait, and tenderness between L3-S1.

The MTUS Chronic Pain Medical Treatment Guidelines indicate an NSAID can be employed in the treatment of various painful conditions which would include chronic low back pain. The request for Anaprox 550mg #60 **is medically necessary and appropriate.**

2) Regarding the request for Protonix 20mg #90:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 68 of 127, which is part of the Medical Treatment Utilization Schedule (MTUS) was relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a low back injury associated with an industrial fall on 1/7/13. The medical records provided and reviewed indicate treatment has included analgesic medications; lumbar MRI, notable for multilevel disk bulges and degenerative changes; topical analgesics; unspecified amounts of physical therapy; and time off of work. The medical report of 4/27/13 is notable for chronic low back pain which is exacerbated by bending and stooping, comorbid diabetes treated with unspecified medications, a normal gait, and tenderness between L3-S1.

The MTUS Chronic Pain Medical guidelines indicate individuals with heightened risk of gastrointestinal side effects with NSAID use should use a proton-pump inhibitor in conjunction with the NSAID. The employee is taking NSAIDs and would be at high risk for gastrointestinal due to diabetes and age (greater than 65 years of age). The request for Protonix 20mg #90 **is medically necessary and appropriate.**

3) Regarding the request for Flurbiprofen 25% (quantity unknown):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2), pg. 47 and on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 73 of 127, which are part of the Medical Treatment Utilization Schedule (MTUS) was relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a low back injury associated with an industrial fall on 1/7/13. The medical records provided and reviewed indicate treatment has included analgesic medications; lumbar MRI, notable for multilevel disk bulges and degenerative changes; topical analgesics; unspecified amounts of physical therapy; and time off of work. The medical report of 4/27/13 is notable for chronic low back pain which is exacerbated by bending and stooping, comorbid diabetes treated with unspecified medications, a normal gait, and tenderness between L3-S1.

ACOEEM guidelines state oral analgesics are the most appropriate first-line treatment for pain. The employee is currently taking Naprosyn. The MTUS Chronic Pain guidelines suggest that topical agents and topical analgesics are largely experimental. The Flurbiprofen 25% (quantity unknown) **is not medically necessary and appropriate.**

4) Regarding the request for Pool Therapy (duration unknown):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 22 of 127, which is part of the Medical Treatment Utilization Schedule (MTUS) was relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a low back injury associated with an industrial fall on 1/7/13. The medical records provided and reviewed indicate treatment has included analgesic medications; lumbar MRI, notable for multilevel disk bulges and degenerative changes; topical analgesics; unspecified amounts of physical therapy; and time off of work. The medical report of 4/27/13 is notable for chronic low back pain which is exacerbated by bending and stooping, comorbid diabetes treated with unspecified medications, a normal gait, and tenderness between L3-S1.

MTUS Chronic Pain Medical guidelines allow for aquatic therapy as an option for individuals in whom reduced weight bearing exercise is desirable. The medical records provided for review do not document any evidence that reduced weight bearing exercise is desirable, and indicate the employee ambulates independently with a normal gait. The pool therapy (duration unknown) **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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.