

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/12/2013
Date of Injury:	6/29/2010
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011231

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy QTY: 12.00** is not medically necessary and appropriate.
- 1) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg QTY: 30** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine 4mg QTY: 28** is medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 3) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy QTY: 12.00** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg QTY: 30** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Tizanidine 4mg QTY: 28** is **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:

This patient is a 45-year-old woman. Her underlying date of injury is 06/29/2010. Diagnoses including lumbar degenerative disc disease, low back pain, mid back pain, and a history of a lumbar spinal fusion. The initial mechanism of injury is that the patient's chair broke and the patient fell over while on a coffee break. An initial reviewer noted that the medical records do not document specific gastrointestinal risk factors to support indication for omeprazole. Additionally, a prior peer review noted that with regard to tizanidine, there are no muscle spasms documented on physical exam, and there was no documented functional improvement from previous use of this medication and that the guidelines did not specifically recommend muscle relaxers as more effective than anti-inflammatory medications alone. Treating physician notes outline constant tightness, stiffness, and limited motion in the lumbar spine. A primary treating physician's orthopedic evaluation of 06/20/2013 quote a diagnosis of multilevel spinal bulges, clear lumbar radiculopathy, multilevel neural foraminal narrowing of the lumbar spine per MRI, left scapular tendinitis, and bilateral shoulder pain. At that time, the patient was released to work with restrictions of avoiding heavy lifting and avoiding repetitive bending and stooping activities.

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 physical therapy QTY: 12.00:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pg. 98-99, which is a part of the MTUS

Rationale for the Decision:

The California Medical Treatment Guidelines recommend to allow for treatment frequency plus active self-directed home physical medicine and therefore anticipates transition to independent home rehabilitation. A review of the records indicates that the records do not provide a rationale as to why this employee would have required additional supervised therapy rather than independent home rehabilitation during the time period under review. Therefore, these records do not support the request for additional physical therapy. **The request for Physical Therapy QTY: 12.00 is not medically necessary and appropriate.**

2) Regarding the request for Omeprazole 20mg QTY: 30:

The Medical Treatment Guidelines 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 a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs/GI Symptoms, page 68, which is a part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines state that the physician should determine if the patient is at risk for gastrointestinal events. A review of the records indicates in this case, do not provide a rationale as to why this employee is at risk for gastrointestinal events. **The request for Omeprazole 20mg QTY: 30 is not medically necessary and appropriate.**

3) Regarding the request for Tizanidine 4mg QTY: 28:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 66, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxant/Tizanidine, page 66, which is a part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines states regarding tizanidine that there have been 8 studies which demonstrated efficacy for low back pain and that 1 study demonstrated a significant decrease in pain associated with chronic myofascial pain, and the author has recommended that its use as a first line option to treat myofascial pain. Overall the guidelines do support this medication as a first-line treatment. A review of the records indicates that particularly in this employee's case, who has both neuropathic and non-neuropathic forms of pain, and there is a desire to avoid chronic opioid use, that **the request for Tizanidine 4mg QTY: 28 is 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.