

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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REVISED Notice of Independent Medical Review Determination

Dated: **12/23/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 10/9/2006
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011671

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Baclofen 10mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 **Flexeril 10mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Baclofen 10mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg 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 Internal 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.

Expert Reviewer Case Summary:

The patient is a 43 yo female who sustained a work-related injury on 10/09/2006. The mechanism of injury is not noted. The accepted injury is to the left shoulder, right shoulder, psyche, right upper arm, right wrist and hand, neck, left lower arm, and left wrist and hand. Diagnoses include failed back surgery syndrome, cervical; occipital neuralgia, and chronic pain. Treatment has consisted of medical therapy with Norco, Topiramate, Prilosec, Flexeril, Amitriptyline, and Baclofen, and cervical medial branch nerve blocks at C2, C3 on left with fluoroscopy. The treating provider has requested Flexeril 10mg and Baclofen 10mg.

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:

- [REDACTED]

1) Regarding the request for Flexeril 10mg:

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 as well as ACOEM Treatment Guidelines, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 64, which is part of the MTUS.

Rationale for the Decision:

Per the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. The documentaiton indicates there are no palpable muscle spasms and there is no documentaiton of functional improvement from any previous use of this medication. The employee has been treated with multiple medical therapies including the antispasticity drug, Baclofen. Per CA MTUS Guidelines muscle relxants are not considered any more effective than nonsteroidal anti-inflmmatory medications alone. Based on the currently available information, the medical necessity for this muscle relxant medication has not been established. **The request for Flexeril 10mg is not medically necessary and appropriate.**

2) Regarding the request for Baclofen 10mg:

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 as well as ACOEM Treatment Guidelines, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 64, which is part of the MTUS.

Rationale for the Decision:

Per California MTUS Treatment Guidelines Baclofen is an antispasticity medication used for the treatment of spasticity in conditions such as cerebral palsy, multiple sclerosis and spinal cord injurues. There is no documentaiton of any spasticity on exam and in addition the employee has been on medical therapy with a muscle relxant, Flexeril. Medical necessity for the medication, Baclofen has not been established. **The request for Baclofen 10mg is not medically necessary and appropriate.**

3) Regarding the request for Prilosec 20mg:

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 are part of the MTUS.

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

Rationale for the Decision:

Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. There is documentation in the medical record that the claimant has GI related symptoms of abdominal pain, heartburn, nausea, and vomiting. These symptoms are directly related to the work injury and are relieved with Prilosec. Based on the available information provided for review, the medical necessity for Prilosec has been established. **The request for Prilosec 20mg 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

/skf

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.