
Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	7/8/1996
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0002572

- 1) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine HCL 4MG #90 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20MG #30 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Tramadol HCL 150MG #60 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 4) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine HCL 4MG #90 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20MG #30 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Tramadol HCL 150MG #60 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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.

Expert Reviewer Case Summary:

The claimant is a 64 year old female secretary with date of injury 7/8/1995-7/8/1996. PR-2 dated 3/12/2013 (hand written, some illegibly) reports that claimant has continued low back pain with radiation to bilateral lower extremities to left mid-calf and right heel, continued right shoulder pain, and had injection on 3/4/2013 at right wrist on thumb side. Since injection has had increase right wrist/thumb pain. Current medications include Ultram, Prilosec, Restoril, Senna and Promethazine. Physical exam of back includes tender muscles, asymmetrical motor loss, positive bilateral straight leg raise, decrease sensation right S1 dermatome. Right shoulder exam showed positive crepitus, positive impingement, 4/5 strength. Right wrist and hand was tender with no sign of infection, no redness. Diagnoses include (some illegible) status post pin removed 3rd/4th toes (11/11/11), status post hammer toe correction re-do (4/29/2011), left foot bone spur at 3rd toe IP joint, bilateral forearm/wrist ???? with carpal tunnel syndrome (status post bilateral carpal tunnel release), bilateral medial and lateral epicondylitis, insomnia, right thumb osteoarthritis, carpal tunnel syndrome signs and symptoms secondary to rear end MVA while traveling, lumbosacral MRI 7/21/11 noted marked degenerative disc disease, stenosis, facet changes. Treatment includes awaiting response to appeal for denial of request for lumbar epidural steroid injection, discontinue ultram, prescribe tramadol and prescribe Flexor patch, advised to contact Dr. [REDACTED] about right wrist complaint following injection. Note that omissions from this PR-2 were due to illegible writing.

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 07/18/2013)
- Utilization Review Determination from [REDACTED] (dated 07/11/2013)
- Employee medical records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

Note: Medical records were not submitted timely by the Claims Administrator.

1) Regarding the request Tizanidine HCL 4MG #90 :

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

The Claims Administrator did not cite any evidence based criteria for its decision. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 63, which is part of Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The MTUS Chronic Pain Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with low back pain. The medical records provided for review indicate that the employee has significant complaints of back pain and findings on physical exam that support the short-term use of a muscle relaxant, which is consistent with the guidelines above. The single medical record provided for review makes no mention of current use of a muscle relaxant. The request for Tizanidine HCL 4MG #90 **is medically necessary and appropriate.**

2) Regarding the request for Omeprazole 20MG #30 :

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

The Claims Administrator did not cite any evidence based criteria for its decision. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 68-69, which is part of Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The MTUS Chronic Pain Guidelines state that the use of NSAIDS is recommended with precautions, which include the possible need for gastrointestinal protection. Omeprazole is a proton pump inhibitor (PPI) that is used often with NSAIDS for this purpose. The employee was prescribed a Flector patch (an NSAID), and prescribing a PPI with this medication is appropriate. The request for Omeprazole 20MG #30 **is medically necessary and appropriate.**

3) **Regarding the request Tramadol HCL 150MG #60 :**

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

The Claims Administrator did not cite any evidence based criteria for its decision. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 76-80, which is part of Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The MTUS Chronic Pain Guidelines state that Tramadol is a useful medication for the treatment of chronic back pain and for neuropathic pain (although it is a second line agent for neuropathic pain). The medical records provided for review indicate that the employee had been taking Ultram for pain and this was discontinued and changed to Tramadol, a longer acting medication for treatment of the employee's pain. The request for Tramadol HCL 150MG #60 **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;

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.