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**Notice of Independent Medical Review Determination**

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	6/18/2010
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002768

- 1) MAXIMUS Federal Services, Inc. has determined the request for vicodin 5/500 #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for norflex 100mg, #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for protonix 20 mg **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 vicodin 5/500 #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for norflex 100mg, #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for protonix 20 mg **is not 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 18, 2013:

“This is a 41-year-old male with a 6/18/2010 date of injury; when two separate incidents which occurred on the same day 7/3/13 progress report indicates persistent low back pain. Physical exam demonstrates limited lumbar range of motion. 11/20/12 lumbar MRI demonstrates, at L3-4 and L5-S1, bilateral neural foraminal narrowing and spinal canal narrowing.

7/3/13 progress report indicates persistent low back pain. Physical exam demonstrates limited lumbar range of motion. Treatment to date has included medication, chiropractic care, physical therapy, and activity modification.”

### 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 07/23/2013)
- Utilization Review Determination from [REDACTED] (dated 07/09/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request vicodin 5/500 #60 :**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg.79-81, which are part of the Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Pain Chapter, treatment guidelines, which are medical treatment guidelines that are not part of the MTUS.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 6/18/10 and experienced persistent low back pain. The medical records provided for review indicate that an MRI of the lumbar spine revealed bilateral neural foraminal narrowing and spinal canal narrowing. The record also indicates that the employee has been taking Prilosec and a muscle relaxant since July 2012 and has been taking opioid pain medication since September 2012. The request was submitted for Vicodin 5/500 #60.

The MTUS Chronic Pain guidelines indicates that the use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear for more than 16 weeks, but also appears limited. In addition, MTUS guidelines indicate that failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The medical records provided for review show that the patient has been taking opioid pain management since at least September 2012, with no appreciable improvement in function. Furthermore, MTUS guidelines recommend not to discontinue opioid use abruptly, and to consider detoxification for individuals that have been using opioids chronically. The current request however is not for detoxification, and is for continued treatment, which is not supported by these guidelines as noted above. **The request for Vicodin 5/500 #60 is not medically necessary and appropriate.**

2) **Regarding the request for norflex 100mg, #30 :**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg.63, which are part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 6/18/10 and experienced persistent low back pain. The medical records provided for review indicate that an MRI of the lumbar spine revealed bilateral neural foraminal narrowing and spinal canal narrowing. The record also indicates that the employee has been taking Prilosec and a muscle relaxant since July 2012 and has been taking opioid pain medication since September 2012. The request was submitted for Norflex 100mg, #30.

The MTUS Chronic Pain guidelines indicates that the use of muscle relaxants is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). In addition, MTUS guidelines indicate that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records provided for review indicate that the employee has been on muscle relaxants since at least July 2012, with no evidence of appreciable benefit. The guidelines above do not support the use of muscle relaxants for long term use as the benefits generally diminish over time and may cause dependence. **The request for Norflex 100mg, #30 is not medically necessary and appropriate.**

3) **Regarding the request protonix 20 mg:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, which are medical treatment guidelines that are not part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg.68, 69, are part of the (MTUS).

Rationale for the Decision:

The employee was injured on 6/18/10 and experienced persistent low back pain. The medical records provided for review indicate that an MRI of the lumbar spine revealed bilateral neural foraminal narrowing and spinal canal narrowing. The record also indicates that the employee has been taking Prilosec and a muscle relaxant since July 2012 and has been taking opioid pain medication since September 2012. The request was submitted for Protonix 20mg.

The Chronic Pain Medical Treatment Guidelines addresses the use of proton pump inhibitor (PPI) medications when a non-steroidal anti-inflammatory drug (NSAID) is prescribed to an individual at high risk of gastrointestinal events, indicating that the clinician should weight the indications for NSAIDs against both GI and cardiovascular factors. The medical records provided for review indicate that the employee has been taking Protonix since at least July 2012, while also taking Naprosyn, which is an NSAID. The employee has been continued on Protonix, although there is no medical documentation of using NSAIDs in the past year. Moreover, the medical records provided for review do not provide rationale as to the medical necessity of Protonix in this clinical setting. **The request for Protonix 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, 18<sup>th</sup> 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.