
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/17/2013

2/26/2003

7/25/2013

CM13-0003261

- 1) MAXIMUS Federal Services, Inc. has determined the request for cyclobenzaprine 7.5mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a basic metabolic panel with EGFR **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a renal function panel **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a CBC lab **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 cyclobenzaprine 7.5mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a basic metabolic panel with EGFR **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a renal function panel **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a CBC lab **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 17, 2013:

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Clinical Rationale

The patient is a 56-year-old female with a date of injury of 2/26/2003. The provider has submitted authorization requests for one prescription of cyclobenzaprine 7.5mg #30, one basic metabolic panel with EGFR, one renal function panel and a CBC lab.

A review of the documentation dated 7/13/2013 by Dr. [REDACTED] M.D. noted that the patient reported shoulder and low back pain. Objectively, she presented with tenderness to palpation of the cervical spine paraspinals, spasm and decreased right shoulder abduction. The patient was diagnosed with shoulder joint pain, post-operative chronic pain, cervical degenerative disc disease, and chronic myofascial pain. Review of documentation revealed that treatment consisted of, but may not have been Limited to chiropractic, Flexeril, home exercise program and psychotherapy.”

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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/18/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for cyclobenzaprine 7.5mg #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, (2009), Cyclobenzaprine (Flexeril) Section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 2/26/2003 and has experienced shoulder and low back pain. Diagnoses include shoulder joint pain, post-op chronic pain, cervical degenerative disc disease, and chronic myofascial pain. A progress note dated 8/13/2013 noted the employee had pain rated at 6/10. A request was submitted for cyclobenzaprine 7.5mg #30.

The MTUS Chronic Pain Medical Treatment Guidelines indicate Cyclobenzaprine or Flexeril are recommended as an option using a short course of therapy. Treatment should be brief and also can be used post-op. The records indicate the employee was prescribed Cyclobenzaprine on 7/17/2012 through 1/19/2013. The records do not indicate a rationale for continuation of this medication, as there is lack of documentation of significant muscle spasms for which this medication is intended. The request for cyclobenzaprine 7.5mg #30 **is not medically necessary and appropriate.**

2) Regarding the request for basic metabolic panel with EGFR:

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 in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not address the issue in dispute. The Expert Reviewer cited the Merck Manual, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/26/2003 and has experienced shoulder and low back pain. Diagnoses include shoulder joint pain, post-op chronic pain, cervical degenerative disc disease, and chronic myofascial pain. A progress note dated 8/13/2013 noted the employee had pain rated at 6/10. A request was submitted for a basic metabolic panel with EGFR.

The Merck Manual states that “laboratory testing and imaging studies often provide less information than do the history and physical examination. While some testing may be warranted in some patients, extensive testing is often not.” The records submitted and reviewed do not include evidence of a clinical rationale for providing this study. The request for a basic metabolic panel with EGFR **is not medically necessary and appropriate.**

3) Regarding the request for renal function panel:

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 in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not address the issue in dispute. The Expert Reviewer cited the Merck Manual, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/26/2003 and has experienced shoulder and low back pain. Diagnoses include shoulder joint pain, post-op chronic pain, cervical degenerative disc disease, and chronic myofascial pain. A progress note dated 8/13/2013 noted the employee had pain rated at 6/10. A request was submitted for a renal function panel.

The Merck Manual states that “laboratory testing and imaging studies often provide less information than do the history and physical examination. While some testing may be warranted in some patients, extensive testing is often not.” The records do not indicate the employee is on any other medications other than possibly Cyclobenzaprine. There is no documented indication for this testing. The request for a renal function panel **is not medically necessary and appropriate.**

4) Regarding the request for CBC lab:

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 in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not address the issue in

dispute. The Expert Reviewer cited the Merck Manual, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/26/2003 and has experienced shoulder and low back pain. Diagnoses include shoulder joint pain, post-op chronic pain, cervical degenerative disc disease, and chronic myofascial pain. A progress note dated 8/13/2013 noted the employee had pain rated at 6/10. A request was submitted for a CBC lab.

The Merck Manual states that “laboratory testing and imaging studies often provide less information than do the history and physical examination. While some testing may be warranted in some patients, extensive testing is often not.” The records reviewed included a clinic note dated 8/13/2013 which states the employee had pain rated at 6/10, shoulder pain, post-operative chronic pain and cervical degenerative disc disease. However, rationale for this test has not been demonstrated by the medical records provided. The request for a CBC lab **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

/sab

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.