
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 5/26/2011
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0005662

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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, employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31-year-old female who sustained an occupational injury on 05/26/2011, which was secondary to a slip and fall down several flights of stairs. The patient's subsequent diagnoses include cervical sprain/strain, chronic thoracolumbar musculoligamentous sprain/strain, cervical disc bulge at C4-5 and C5-6, lumbar disc bulge at L5-S1, radicular syndrome in the right shoulder, right carpal tunnel syndrome, left ankle sprain, anxiety, insomnia, and gastritis. The patient's treatment history to date has included medication, physical therapy, acupuncture, TENS unit, cervical epidural steroid injection (ESI), and activity modification. The most recent documentation from 07/31/2013 indicates the patient presented with continued complaints of cervical neck pain. Physical exam on that date revealed tenderness to palpation along the C5-7 spinal areas with muscle spasms noted along the upper trapezius muscles on both sides. A sensory deficit was noted on the right of C5-6 dermatomal level to touch and pinprick. The patient's handgrips are adequate on both sides, slightly decreased in her right hand compared to the left.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. One (1) Motrin (ibuprofen) 800 mg tab #120 is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 47, which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-69, and 72, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at that lowest dose for the shortest period in patients with moderate to severe pain. The medical records provided for review indicate the employee had ongoing complaints of moderate to severe low back and neck pain. Furthermore, the medical records also indicate that the employee has been weaned from all narcotic medications, and ibuprofen 800 mg 4 times a day is the only medication the employee can tolerate. The employee mentioned that that this medication has been successful in controlling the pain symptoms. **The request for one (1) Motrin (ibuprofen) 800 mg tab #120 is medically necessary and appropriate.**

2. Prilosec (omeprazole) 20 mg tab #60 is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 68, which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines (ODG), Pain Chapter, and the FDA (Prilosec), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), pages 68-69, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that patients who require treatment with an NSAID and who are at intermediate risk for gastrointestinal events and no cardiovascular disease, the recommendation is for a non-selective NSAID with either a proton pump inhibitor, misoprostol, or a COX-2 selective agent. The medical records provided for review indicate that the employee required the use of a non-steroidal anti-inflammatory drug for treatment of moderate to severe pain associated with the lower back and cervical disc disease. The medical records also indicate that the employee is at intermediate risk for gastrointestinal events secondary to continued gastrointestinal pain related to the medication intake. **The request for Prilosec (omeprazole) 20 mg tab #60 is medically necessary and appropriate.**

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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.



CM13-0005662