
Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 3/26/2004
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0006001

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 7.5mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **6 physical medicine treatment sessions is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 7.5mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **6 physical medicine treatment sessions is 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 Occupational Medicine 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 50 year old male with the date of injury of March 26, 2004. He to flare up of pain in April 2013. On May 16, 2013 his diagnosis included lumbar sprain/strain, left leg radiculopathy, lumbar myofascial pain syndrome and right sacroiliac sprain. Reported that he had more muscle spasms without the use of his muscle relaxant medication. He has been using the medication for extended periods. There is no documentation of recent PT.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Flexeril 7.5mg #90:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009), which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Flexeril, page 29, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines recommend use of Flexeril as a short course of therapy. Currently the employee has been using Flexeril for an extended period of time. CA MTUS states the greatest effect of treatment is the first four days. This employee has been using Flexeril for several months without any improvement in symptoms. Therefore, the employee is using medication that is not effective and California guidelines do not recommend long-term use of this medication, the request is not medically necessary. **The request for Flexeril 7.5mg #90 is not medically necessary and appropriate.**

2) Regarding the request for 6 physical medicine treatment sessions:

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 California Chronic Pain Medical Treatment Guidelines (May 2009).

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

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. CA MTUS recommends 9-10 visits for myositis or myalgia. The patient has had good response to physical therapy in the past, and has had no physical therapy in the recent weeks or months. The current request falls within this guideline and in the fading therapy guideline. **The request for 6 physical medicine treatment sessions 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,

Paul Manchester, MD, MPH
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.