

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 7/12/1981
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006280

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: UPHOLD. This means we decided that none 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]

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, Pulmonary Diseases, 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 56-year-old male who reported a work related injury on 07/12/1981, mechanism of injury was noted as a fall. The most recent clinical note submitted for this review is dated 06/19/2013 by provider who performed electrodiagnostic testing of the patient's bilateral lower extremities. The provider documents that there was no evidence of any active lumbar radiculopathy or peripheral neuropathy. The provider reported upon physical exam of the patient, limited range of motion about the lumbar spine was noted. There was no palpable step off and no tenderness noted to the lumbar paraspinals. The patient had full range of motion to the bilateral lower extremities, no atrophy noted, and motor strength was grossly normal. Sensation exam was grossly intact except in the bilateral L5 distribution. Deep tendon reflexes were normal and symmetrical and tone was normal. The provider documented the patient had a prior history of a 2 level cervical disc fusion and replacement in 2010 and L4-5 laminectomy as of 1985. The provider documented the patient utilizes Sulfasalazine, atenolol, Benicar, and Flexeril.

IMR DECISION(S) AND RATIONALE(S)

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

1. One report is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence-based criteria for its decision.

The Physician Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEEM Practice Guidelines, 2nd Edition (2004), Chapter 5), pgs. 89-92, which is part of MTUS.

The Physician Reviewer's decision rationale:

Specifically for this review, a clinical note dated 05/13/2013 by the employee's provider, was not submitted for review. Therefore, determination of the medical necessity of the request cannot be rendered due to the lack of submission of the specific documentation of the specific clinical report dated 05/13/2013 signed on 06/11/2013. **The request for 1 report is not medically necessary and appropriate.**

2. 120 Naproxen sodium 550 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section NSAIDs, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section NSAIDs, pg. 73, which is part of MTUS.

The Physician Reviewer's decision rationale:

The clinical notes provided for review lack evidence of the employee's reports of efficacy with his current medication regimen as evidenced by a decrease in rate of pain on a Visual Analog Scale and increase in objective functionality. The MTUS Chronic Pain guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended with caution due to the associated risk of adverse cardiovascular events. It is recommended that anti-inflammatories are to be utilized for the shortest duration of time. Given that there was a lack of submission of recent clinical notes evidencing the employee's reports of efficacy with his current medication regimen, the MTUS guidelines are not met. **The request for 120 Naproxen sodium 550 mg is not medically necessary and appropriate.**

3. 120 Omeprazole Dr 20 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section NSAIDs, GI symptoms and cardiovascular risk, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section NSAIDs, GI symptoms and cardiovascular risk, pgs. 68-69, which is part of MTUS.

The Physician Reviewer's decision rationale:

Review of the clinical documents submitted does not evidence the employee presents with any complaints of gastrointestinal dysfunction or side effects as the result of his medication regimen or other comorbidities. The MTUS Chronic Pain guidelines indicate, Proton pump inhibitors are recommended for patients at intermediate risk to high risk for gastrointestinal events; therefore, the request is non-certified. **The request for 120 Omeprazole Dr 20 mg is not medically necessary and appropriate.**

4. (Sixty) 60 Ondansetron ODT 8 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Section Antiemetics (for opioid nausea), which is not part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter, Antiemetics (for opioid nausea), which is not part of MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines indicate antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use; they are recommended for acute use. The documentation lacked a specific rationale for the employee's utilization of this medication. **The request for 60 Ondansetron ODT 8 mg is not medically necessary and appropriate.**

5. 120 Cyclobenzaprine Hydrochloride 7.5 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section Cyclobenzaprine (Flexeril®, Amrix®, Fexmid™, generic available), which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Cyclobenzaprine (Flexeril®), pgs. 41-42, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines indicate that Flexeril is recommended as an option using a short course of physical therapy. The clinical notes provided for review evidence the employee is status post the work related injury for over 32 years. It is

unclear how long the employee has been utilizing Cyclobenzaprine HCl and there is no documentation of clear efficacy of this intervention for the employee's pain complaints. **The request for 120 Cyclobenzaprine Hydrochloride 7.5 mg is not medically necessary and appropriate.**

6. Two prescriptions for Medrox ointment 120 gm is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics, pg. 111, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines indicate that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Additionally, the guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records provided for review lack documentation of the duration of treatment for the employee's utilization of this medication and the clear efficacy of treatment. **The request for two prescriptions for Medrox ointment 120 gm is not medically necessary and appropriate.**

7. (Ninety) 90 Tramadol ER 150 mg is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence-based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Opioids, Tramadol, pgs. 78, 93-94 , which is part of MTUS.

The Physician Reviewer's decision rationale:

The medical records provided for review lack documentation indicating the length of time the employee has been utilizing this medication and clear efficacy of treatment. According to MTUS Chronic Pain Guidelines, Tramadol is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain. The guidelines also indicate "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. **The request for 90 Tramadol ER 150 mg is not 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.

[REDACTED]

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