

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013



Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	8/24/2011
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0008564

- 1) MAXIMUS Federal Services, Inc. has determined the request for **60 Prilosec 20 mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **60 Tramadol 50 mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 CT Scan of Lumbar Spine is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **60 Prilosec 20 mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **60 Tramadol 50 mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 CT Scan of Lumbar Spine 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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 51-year-old male who reported a work-related injury on 08/24/2011 as a result of strain to the lumbar spine. The patient subsequently presents for treatment of the following diagnoses: (1) left shoulder impingement syndrome; (2) cervical spine sprain; (3) thoracic spine sprain; (4) spondylolisthesis congenital at L5-S1; (5) degenerative joint disease at L4-5 and L5-S1; (6) bilateral lumbar spondylosis; (7) sprain/strain of the lumbar spine; (8) contusion of the left; (9) left elbow stiffness. The clinical note dated 06/11/2013 reports the patient was seen for followup under the care of Dr. [REDACTED]. The provider documents the patient presents with constant cervical spine pain complaints, low back pain, left knee pain, and pain that radiates to the bilateral lower extremities. The provider documents the patient continues to report, anxiety, depression, and sleep difficulty due to pain. The provider documented the patient was to continue with medication regimen including Anaprox, Prilosec, and tramadol. The provider recommended a CT scan and MRI of the lumbar spine; the patient last underwent imaging on 08/22/2012.

**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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for 60 Prilosec 20 mg:****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 Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 68-69, which is part of MTUS.

**Rationale for the Decision:**

The medical records provided for review indicate that the employee is utilizing Anaprox (a non-steroidal anti-inflammatory drug – NSAID). The California MTUS guidelines indicate that the use of Prilosec (a proton pump inhibitor) for gastrointestinal upset is indicated for patients with no risk factors and no cardiovascular disease, who are using NSAIDs. However, the clinical notes lack evidence that the employee has any risk factors for gastrointestinal events or presents with any complaints of gastrointestinal upset. **The request for 60 Prilosec 20 mg is not medically necessary and appropriate.**

**2) Regarding the request for 60 Tramadol 50 mg:****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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 93-94, which is part of MTUS.

Rationale for the Decision:

The medical records provided for review do not reveal any evidence supporting the efficacy of the employee's medication regimen as noted by a decrease in rate of pain on a visual analog scale (VAS) or increase in objective functionality. The MTUS Chronic Pain guidelines indicate that Tramadol is a synthetic opioid affecting the central nervous system. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects when prescribing opiate pain medication such as Tramadol. As stated, there is a lack of documentation indicating positive efficacy of the employee's current medication regimen, as evidenced by decrease in rate of pain and increase in the employee's objective ability to function. **The request for 60 Tramadol 50 mg is not medically necessary and appropriate.**

**3) Regarding the request for 1 CT Scan of Lumbar Spine:**

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 Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) page 59, which is part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) page 303, Online Edition, which is part of MTUS; and the Official Disability Guidelines (ODG), Low Back Chapter, which is not part of MTUS.

Rationale for the Decision:

The medical records provided for review did not reveal any evidence that the employee presents with a significant motor, neurological, or sensory deficit since the last imaging study of the lumbar spine was performed (06/05/2013). The ODG guidelines indicate a computed tomography (CT) scan of the lumbar spine is indicated for patients with lumbar spine trauma and neurological deficit in lumbar spine trauma seatbelt fracture, evaluate pars defect not identified on plain X-rays, evaluate successful fusion if plain X-rays do not confirm fusion, and myelopathy, traumatic or infectious. The clinical notes provided do not support any of the above symptomatology to support repeat imaging study of the employee's lumbar spine at this point in treatment. **The request for 1 CT Scan of Lumbar Spine 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.