

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 19, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/11/2013
Date of Injury: 4/13/2013
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0013459

Dear Mr./Ms. [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 Anesthesiology, has a subspecialty in Pain 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:

- [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:

This patient is a 58-year-old female who reported an injury on 04/13/2013. The current request is consideration for a retrospective of diclofenac sodium 100 mg #30 and for Cyclobenzaprine HCL 7.5 mg #60, with date of service indicated as 07/10/2013 for each of these medications. History of the patient indicates complaints of neck pain radiating to the right shoulder, lower back pain with associated tingling intermittently over the bilateral thighs, and constant numbness and tingling of the ring and little fingers of the left hand, as well as intermittent headaches status post blunt head trauma with indication of episodic sharp pain lasting 30 seconds to 1 minute in duration.

IMR DECISION(S) AND RATIONALE(S)

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

1. Retrospective request for Diclofenac Sodium 100mg #30 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, pg. 22, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS states anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The documentation submitted for review failed to provide clinical notes from 07/10/2013 to address medical necessity of the requested medications. A review of submitted documentation fails to

provide any indication that the employee has been previously prescribed diclofenac sodium. The clinical evaluation on 06/18/2013 demonstrated complaints of worsening back pain, indicated as constant and from the neck to the lower back, with indication that the employee has waxing and waning of symptoms to the point where the employee cannot get out of bed. Evaluation of the employee's neck noted tenderness to palpation of the posterior paraspinal muscles with notable muscle spasms in the trapezius bilaterally, decreased sensation on the left 2nd, 3rd, 4th, and 5th fingers as well as the lateral forearm on the left, and tenderness to palpation of the lumbar paraspinal muscles with muscle spasms and flexion limited to 45 degrees, axial rotation to 30 degrees, and positive straight leg raise bilaterally. Notes indicate the employee was recommended to continue with the use of ibuprofen, tramadol, and Flexeril. **The request for retrospective request for Diclofenac Sodium 100mg #30 is not medically necessary and appropriate.**

2. Retrospective request for Cyclobenzaprine HCL 7.5mg #60 is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

CA MTUS states cyclobenzaprine is recommended as an option, using a short course of therapy. The documentation submitted for review indicates that the patient has been prescribed Flexeril since at least 04/24/2013. While the documentation submitted for review indicates on 06/18/2013 that the employee had evidence of muscle spasm to the bilateral trapezius and lumbar spine, the guideline reference does not support the recommendation for continued use of Cyclobenzaprine beyond a short course of therapy. Furthermore, there is a lack of documentation indicating that other medications were attempted for the employee, given that it does not appear that Cyclobenzaprine was beneficial in managing the employee's spasms. **The request for retrospective request for Cyclobenzaprine HCL 7.5mg #60 is not medically necessary and appropriate.**

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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