

**Notice of Independent Medical Review Determination**

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/16/2013  
Date of Injury: 10/28/2011  
IMR Application Received: 8/19/2013  
MAXIMUS Case Number: CM13-0013614

- 1) **MAXIMUS Federal Services, Inc. has determined the request for physical therapy x6 sessions is not medically necessary and appropriate.**
- 2) **MAXIMUS Federal Services, Inc. has determined the request for pool therapy is not medically necessary and appropriate.**
- 3) **MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg is not medically necessary and appropriate.**
- 4) **MAXIMUS Federal Services, Inc. has determined the request for topical cream Keto/Gaba/Tamadol is not medically necessary and appropriate.**
- 5) **MAXIMUS Federal Services, Inc. has determined the request for Klonopin 1mg is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/19/2013 disputing the Utilization Review Denial dated 8/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **physical therapy x6 sessions** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pool therapy** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **topical cream Keto/Gaba/Tamadol** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Klonopin 1mg** 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 Occupational 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 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 applicant is a represented [REDACTED] supervisor who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 20, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; prior multilevel spine surgery in May 2012; transfer of care to and from various providers in various specialties; a lumbar support; topical compounds; and extended periods of time off of work.

In a Utilization Review Report of August 16, 2013, the claims administrator partially certified two sessions of physical therapy, non-certified physical therapy, certified tramadol extended release, certified Xanax 1 mg, non-certified Prilosec, certified Prozac, certified Flexeril, non-certified topical compounds, and non-certified Flexeril.

The applicant's attorney appealed on August 19, 2013.

A prior note of June 27, 2013 is notable for comments that the applicant reports multifocal neck and low back pain, 2 to 3/10. The applicant is off of work. He reportedly feels better. He exhibits diminished lumbar range of motion, about multiple body parts and full range of motion about the other body parts. Aquatic therapy, topical compounds, and medication refills are sought. The applicant remains off of work, on total temporary disability.

### **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 physical therapy x6 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Complaints, page 300, which is part of MTUS, and the Official Disability Guidelines, (ODG), Physical Therapy Guidelines, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, page 99 and the MTUS Definitions, (f), "Functional improvement", which are part of MTUS.

#### Rationale for the Decision:

The employee has had prior unspecified amounts of physical therapy over the life of the above referenced Workers' Compensation claim. The employee has failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the employee remains off of work, on total temporary disability, and continues to use numerous analgesics and adjuvant medications imply the lack of functional improvement as defined in MTUS 9792.20f. Pursuing additional physical therapy in this context is not indicated. It is further noted that the attending provider has not clearly stated what the purpose of additional physical therapy at this point in time is. **The request for physical therapy x6 sessions is not medically necessary and appropriate.**

### **2) Regarding the request for pool therapy :**

#### 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, Aquatic therapy, page 22, which is part of MTUS, and the

Official Disability Guidelines, (ODG), Aquatic therapy and Physical therapy (PT), which are not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic therapy, page 22, which is part of MTUS.

Rationale for the Decision:

As noted on page 22 of the Chronic Pain Medical Treatment Guidelines, aquatic therapy is considered an optional form of exercises therapy in those applicants in who reduce weightbearing is desirable. In this case, however, there is no evidence that the employee has a condition for which reduced weightbearing is desirable. There is no indication as to why the employee cannot participate in land-based therapy and/or independent home exercises. **The request for pool therapy is not medically necessary at this time.**

**3) Regarding the request for Prilosec 20mg:**

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, NSAIDs, GI symptoms & cardiovascular risk, which is part of MTUS, and the Official Disability Guidelines, (ODG), Chronic Pain, Proton pump inhibitors (PPIs), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Treatment of dyspepsia secondary to NSAID therapy, page 69, which is part of MTUS.

Rationale for the Decision:

While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton-pump inhibitors such as Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there is no evidence or mention of dyspepsia noted either on the current progress note or in the prior progress note of May 9, 2013. **The request for Prilosec 20 mg is not medically necessary and appropriate.**

**4) Regarding the request for topical cream Keto/Gaba/Tamadol:**

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, Topical Analgesics, pages 111-113, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, Non FDA approved agents: Ketoprofen, page 112 and Gabapentin, page 113, which is part of MTUS.

Rationale for the Decision:

As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical agents and topical compounds are largely experimental. When one ingredient in the topical compound is not recommended, the entire compound carries an unfavorable rating. In this case, both ketoprofen and gabapentin are not recommended for topical compound use purposes, per pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This results in the entire compound's carrying an unfavorable rating. **The request for topical cream Keto/Gaba/Tamadol is not medically necessary and appropriate.**

**5) Regarding the request for Klonopin 1mg:**

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

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of MTUS.

Rationale for the Decision:

As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, chronic or long-standing usage of benzodiazepines is not recommended, either for anticonvulsant purposes, muscle relaxant purposes, or anxiolytic purposes. In this case, it is further noted that the employee has used this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. **The request for Klonopin 1 mg 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  
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Oakland, CA 94612

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