

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/6/2013
Date of Injury: 5/6/2011
IMR Application Received: 8/22/2013
MAXIMUS Case Number: CM13-0014711

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 PM&R, and is licensed to practice in Pennsylvania. 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 underlying date of injury in this case is 05/06/2011. Treating diagnoses include lumbar radiculitis, lumbar facet arthropathy, and chronic pain. The patient has noted ongoing low back pain radiating into the left side down the left leg with associated numbness and with decreased sensation to light touch and pin prick. MRI imaging of July 2011 demonstrated no indication of disc herniation. Electrodiagnostic studies of February 2012 demonstrated a right ulnar entrapment neuropathy across the elbow.

An initial physician reviewer noted that of 06/26/2013, motor and sensory exam was unchanged. The reviewer noted that there is no documentation of any changes in neurological exam to support an indication for repeat of lumbar MRI imaging. This reviewer noted that the records did not contain any specific information in terms of dosing of Norco or the benefit and also that there was limited information available regarding the usage or benefit from Flexeril or Ambien. Therefore, the reviewer recommended that these medications be non-certified.

IMR DECISION(S) AND RATIONALE(S)

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

1. MRI of the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines for the low back, Chapter 12, page 303, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 309, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Official Disability Guidelines (ODG), Section Treatment in Workers' Compensation/Low Back, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

ECOEM Guidelines Chapter 12, Low Back, Page 309 states recommends lumbar MRI imaging "when cauda equina, tumor, infection or fracture are strongly suspected and plain film radiographs are negative." The medical records do not indicate that these factors are present to support a lumbar MRI. Additionally, Official Disability Guidelines Section Treatment in Workers' Compensation/Low Back states regarding lumbar MRI imaging "repeat MRI is indicated only if there has been progression of neurological deficit." The records document ongoing sensory deficits but no clear change in neurological exam. The patient does not meet the criteria for repeat lumbar MRI. This request is not medically necessary.

2. Norco is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Criteria for use of Opioids, pages 76-80, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids with Ongoing Management, page 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Opioids with Ongoing Management Page 78 recommends "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records do not document such risks versus medical analysis to support an indication for ongoing Norco when nor is the dosage of Norco documented to clarify an indication for its continued use. Therefore, this request is not medically necessary.

3. Flexeril is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 41-42, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Muscle Relaxants/Flexeril, page 64, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants/Flexeril Page 64 states "recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." The records do not provide an alternate rationale when indications for medication appear in a chronic setting. This request is not medically necessary.

4. Ambien is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, which is not part of the 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 Expert Reviewer based his/her

decision on Official Disability Guidelines (ODG), Section on Treatment of Workers' Compensation/Pain, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The California Medical Treatment Guidelines do not specifically address the use of this medication. Official Disability Guidelines Section on Treatment of Workers' Compensation/Pain states regarding insomnia treatment "pharmacological agents should only be used after careful evaluation for potential causes of sleep disturbance...Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days)." These guidelines and the medical records do not provide an indication of ongoing Ambien in this case on a chronic basis. This request is not medically necessary.

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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