
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 08/12/2103
Date of Injury: 10/31/1995
IMR Application Received: 08/26/2013
MAXIMUS Case Number: CM13-0016317

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 31, 1995.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications, transfer of care to and from various providers in various specialties; lumbar facet joint blocks; prior spine surgery; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of August 7, 2013, the claims administrator denied prescriptions for omeprazole, Neurontin, tramadol, and Soma. The applicant's attorney later appealed, on August 22, 2013.

An earlier note of July 22, 2013 is handwritten, not entirely legible, notable for comments that the applicant presents with chronic low back pain, 6/10. The applicant has been using physical therapy and NSAIDs without any relief, it is stated. His pain is interfering with activities of daily living. Decreased lumbar range of motion is noted. Pain with range of motion is listed. The applicant was given medication refills and asked to remain off of work, on total temporary disability "until further notice."

IMR DECISION(S) AND RATIONALE(S)

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

1. Omprazole 20mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009).

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 69, which is part of the MTUS.

The Physician Reviewer's decision rationale:

While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitor such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear evidence or description of dyspepsia, either NSAID-induced or standalone. As noted above, the documentation on file is handwritten, difficult to follow, not entirely legible. The usage of omeprazole is not supported in this context. Therefore, the request is not certified.

2. Gabapentin 200mg #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009).

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 19, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period of gabapentin is three to eight weeks for titration and then one to two weeks of maximum dosage. In this case, however, the applicant has used gabapentin or Neurontin chronically, for several years. There is no clear evidence of benefit, reduction in pain, or improvement in function effected through prior usage of Neurontin. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

3. Tramadol 50mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009).

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improvement in function, and/or reduced pain effected through ongoing opioid usage. In this case, however, there is no evidence that any of the aforementioned criteria were met. The applicant has failed to return to work. The most recent progress note seemingly suggests ongoing difficulties in terms of activities of daily living and no clear evidence of reduction in pain. Therefore, the request for tramadol is also not certified, on independent medical review.

4. Soma 350mg #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009).

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 29, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma or carisoprodol is not recommended for chronic or long-term use purposes, particularly when used in conjunction with other medications as the combination can be addictive. In this case, as with the other drugs, the applicant has, quite clearly, failed to demonstrate any evidence of functional improvement through prior usage of Soma or other drugs. The applicant remains off of work, on total temporary disability, several years removed from the date of injury and has failed to demonstrate any reduction in dependence on medical treatment and/or improvement in activities of daily living through prior usage of Soma or other drugs. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

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.

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