

## Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0017145	<b>Date of Injury:</b>	12/26/2001
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/27/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
NORCO 10/325 # 100, FLEXERIL 10 MG #90 AND NIZATIDINE 150 MG #60			

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 63 YO, F with a date of injury on 12/26/2001. The patient's diagnoses include: neck strain with right cervical radiculitis with 3mm disc bulges at C4-5 and C5-6 per MRI; upper thoracic strain; status post right shoulder surgery with residual right shoulder pain; left shoulder strain; secondary insomnia due to pain from the above diagnoses; and gastrointestinal upset due to use of pain medication; The progress report dated 7/15/13 by Dr. [REDACTED] noted that the patient complained of neck pain with muscle spasm, headaches 10-11 times per week, upper back pain, right shoulder pain, recent onset of numbness in her right hand, difficulty sleeping, and improved "GERD symptomatology". Physical exam demonstrated spasm and tenderness of paracervical muscles and upper thoracic region; decreased ROM of the cervical spine; mildly positive Spurling's sign on the right; tenderness of shoulders, mostly on the right side; positive impingement sign of the right; and decreased ROM of the shoulders, right more than left. Treatment to date has included right shoulder surgery, home exercises OrthoStim and medications. The patient is P&S.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Norco 10/325 1 qid prn for intense pain #100/month is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 28-29, 41-42, 63, 69, 79-81, 104, and 111-113, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids, pages 88-89, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The medical records contained multiple letters of utilization review going back more than 6 months showing continued use of norco. Progress reports dated 1/16/13, 5/6/13, and 7/15/13 were referenced but not included for review. The MTUS (pg. 88-89) guidelines for long-term users of opioids is the appropriate guideline for this case. The medical records did not contain documentation of decreased pain and functional improvement which is recommended to show a satisfactory response to treatment. Recommendation is for denial. **The request for Norco 10/325 1 qid prn for intense pain #100/month is not medically necessary and appropriate.**

**2. Flexeril 10mg #90/month up to tid prn for muscle spasm is not medically necessary and appropriate.**

The Claims Administrator based its decision on the <http://www.drugs.co/pro/cyclobenzaprine.html>, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 64, which is part of the MTUS

The Physician Reviewer's decision rationale:

The medical records contained multiple letters of utilization review going back more than 6 months showing continued use of flexeril. Progress reports dated 1/16/13, 5/6/13, and 7/15/13 were referenced but not included for review. MTUS page 64 regarding Flexeril indicates recommendation for short course of therapy and limited, mixed-evidence does not allow for a recommendation for chronic use. Recommendation is for denial. **The request for Flexeril 10mg #90/month up to tid prn for muscle spasm is not medically necessary and appropriate.**

**3. Nizatidine 159mg #60 1 bid for stomach upset is medically necessary and appropriate.**

The Claims Administrator based its decision on the <http://www.drugs/cdi/nizatidine.html>, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & cardiovascular risk, page 69, which is part of the MTUS

The Physician Reviewer's decision rationale:

The medical records contained multiple letters of utilization review going back more than 6 months showing continued use of Nizatidine. Progress reports dated 1/16/13, 5/6/13, and 7/15/13 were referenced but not included for review. The patient has gasrrointestinal upset due to use of pain medication and reports improved "GERD symptomatology". MTUS pg. 69 recommends the use of H2-receptor antagonists for treatment of dyspepsia secondary to NSAID therapy. It is unclear if the patient is on NSAID therapy as the records did not include a complete active medication list,

however, Norco can relax the esophagogastric sphincter, which can exacerbate GERD. The request for Nizatidine 159 mg # 60/month appears to be reasonable. Authorization is recommended. **The request for Nizatidine 159mg #60 1 bid for stomach upset is 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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