

Independent Medical Review Final Determination Letter

920

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

Dated: 12/24/2013

IMR Case Number:	CM13-0018069	Date of Injury:	03/08/2010
Claims Number:	[REDACTED]	UR Denial Date:	08/13/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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]
[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 and 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]
- [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:

Patient with date of injury of 3/8/10, suffering from chronic low back pain. 6/28/13, [REDACTED] report has back pain 8/10 Oswestry at 68%, taking medications as listed. Patient was to continue meds, and home exercises. On 6/7/13, [REDACTED] has a more detailed report, with the patient's low back pain worsening, unable to work, radiates up into the mid back and neck. Patient went to ER due to marked low back pain. Medications do provide some temporary relief. Recommendation was for multidisciplinary program. There is an ER report from 5/15/13 presenting problems of neck and low back pain. Patient was just discharged home to receive pain medications through treating physician. [REDACTED] 4/26/13 has same information, LBP at 8/10, Oswestry at 66%. Another ER note from 5/2/13, the patient was given IM Dilaudid. Report by [REDACTED] on 4/11/13, back pain at 7/10, Oswestry 62%, reviewed MRI findings that were unremarkable. Stomach upset due to medication, pain continues to limit activity. Requesting PT 2x3. UDS report from 3/22/13 which was inconsistent due to positive for Tramadol which is not being prescribed. Report dated 2/7/13 back pain at 8/10, Oswestry 66%. On 2/6/13, treater reviews an MRI from 2/2/13 of L-spine that showed no abnormalities, other than some degeneration of the lower discs. 1/9/13 report indicates that "meds decrease pain, allow for activity, improve sleep, no side effects. Patient having difficulty with increased pain at work."

IMR DECISION(S) AND RATIONALE(S)

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

1. Prescription of Colace 200mg #30 between 7/29/13 and 9/29/13 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 77, which is part of the MTUS.

The Physician Reviewer's decision rationale:

There is no documentation that this patient suffers from constipation. Furthermore, due to lack of documentation of any benefit from Norco's, the use of opiates are being denied. Therefore, there is no need for the use of stool softeners.

2. Prescription of Norco 5/325mg #70 between 7/29/13 and 9/29/13 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 80-81 and 88-89, which are part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the reports provided, one cannot tell that Norco is doing anything for this patient. The patient still has poor pain control and the patient has been to emergency room at least twice. Unfortunately, the treater does not provide any evaluation regarding the use of Norco in this patient. There is no discussion as to whether or not the norco is reducing pain, improving function. There is no before and after pain scale. The treater does not document average pain, how long it takes before onset of pain relief after taking norco, and how long the medications help. Furthermore, there appears to be decline in function as now the patient has stopped working. One cannot tell that Norco has done anything for this patient. Since it is unclear how the patient is responding to this medication, the request is not recommended for authorization.

3. Prescription for Lyrica 100mg #60 between 7/29/13 and 9/29/13 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Lyrica, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Lyrica can be used for neuropathic condition. However, no neuropathic condition is documented. This patient suffers from chronic low back pain with an unremarkable MRI of L-spine. There is no evidence of radiculopathy. Furthermore, the treater does not provide any discussion regarding the use of this medication. Recommendation is for a denial.

4. Prescription for Ambien 10mg #30 between 7/29/13 and 9/29/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is 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 Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Insomnia.

The Physician Reviewer's decision rationale:

Although insomnia a frequent problem with chronic pain patients there is lack of guidelines support for chronic use of Ambien to treat insomnia. Only short-term use is recommended. Having reviewed the treater's reports, it is apparent that this medication is used on a month by month, daily basis. Recommendation is for denial.

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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