
Independent Medical Review Final Determination Letter

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

Dated: 12/23/2013

IMR Case Number:	CM13-0018523	Date of Injury:	03/15/2007
Claims Number:	[REDACTED]	UR Denial Date:	08/23/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
HYDROCODONE/APAP 10/325MG #135/NON CERTIFIED BY THE PHYSICIAN ADVISOR CYCLOBENZOPRINE 7.5MG #30/NON CERTIFIED BY THE PHYSICIAN ADVISOR; CYCLOBENZAPRINE 7.5MG #15 CERTIFIED BY THE PHYSICIAN ADVISOR OMEPRAZOLE 20MG #30/NON			

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]
[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]

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 50 year old female with injury from 2/7/01, now suffering from chronic low back pain. UR denied the request on 8/23/13 stating that weaning of Norco was appropriate given the lack of documentation of function or decrease in pain with use of this medication. On the same page, UR letter indicated that the patient noted she was doing well on medication. She notes they decrease her pain and normalize her function. The UR denied Flexeril and Omeprazole as well.

On 8/23/12, the patient had a comprehensive psychological evaluation, and Norco, Levothyroid, Omeprazole and Tizanidine are listed as medications. Side effects were memory and difficulty thinking from these medications. The recommendation was for 6 sessions of cognitive behavioral therapy. Her medications were not discussed.

A 7/10/13 report by Dr. [REDACTED] indicated she was doing well with regimen. There were no before and after pain level, no specific discussion regarding the patient's function, no average pain level, time it takes for medications to be effective etc. A 6/12/13 note does mention that without meds, the patient would not be able to get out of bed. Similar notation noted from 5/8/13. A 4/10/13 note indicates pain level at 8/10 which decreases to 5-6/10 with medications.

IMR DECISION(S) AND RATIONALE(S)

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

1. Hydrocodone/APAP 10/325 mg #135 is medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, page 91.

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

The Physician Reviewer's decision rationale:

The employee does receive pain reduction and functional change with use of medication, although documentations are meager. Given the employee's chronic pain condition and documentation of before and after pain levels and some functional changes, recommendation is for authorization of the request. **The request for hydrocodone/APAP 10/325 mg #135 is medically necessary and appropriate.**

2. Cyclobenzaprine 7.5mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 41 and 64, which are a part of the MTUS.

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

The Physician Reviewer's decision rationale:

MTUS guidelines do not support chronic use of cyclobenzaprine for a chronic pain condition. According to the medical records provided for review, cyclobenzaprine is being used on a chronic basis being prescribed on a monthly basis, which is not recommended. **The request for cyclobenzaprine 7.5mg is not medically necessary and appropriate.**

3. Omeprazole 20mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 68, which is a part of the MTUS.

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

The Physician Reviewer's decision rationale:

The clinical notes provided for review do not indicate the rationale for the use of omeprazole. This employee is not taking any NSAID's. There is no documentation of any gastrointestinal (GI) symptoms. The employee is not at risk for any GI problems. MTUS does not support the use of omeprazole unless this documentation is provided. **The request for omeprazole is not medically necessary and appropriate.**

/dso

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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