

Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

IMR Case Number:	CM13-0018847	Date of Injury:	06/22/2005
Claims Number:	[REDACTED]	UR Denial Date:	08/23/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
One consultation with infectious disease specialist within the MPN One prescription of Norco 10/325mg #40 One prescription of Flexeril 7.5mg #30			

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 Family Practice, and is licensed to practice in Texas. 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]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46-year old patient who reported a work related injury on 06/22/2005. The provider note by Dr. █ on 07/12/2012 states the patient is complaining of low back pain and left lower extremity symptoms, VAS rated 10/10. Pain managed at that time with Dilaudid, MS Contin, Robaxin, and Gabapentin. The patient was seen in the █ on 07/15/2012 for low back pain with spasms. It was noted the patient had a past surgical history of a cervical fusion and 3 months prior to the visit, a lumbar surgery. The patient informed the █ provider of a second lumbar surgery scheduled. The patient was seen again at Dr. █ office on 08/10/2012 for flare up of low back pain and left lower extremity symptoms with VAS rated 10/10 and continuing on same medication regimen. The provider stated that the patient was awaiting approval for lumbar fusion. The patient was seen again on 06/05/2013 by Dr. █. The patient was given a refill prescription for Norco and a 1 month supply was approved. A prescription was given for Flexeril by Dr. █ and a 3 week supply was also approved. The patient was seen on 07/19/2013 by Dr. █ who stated that Dr. █ was directing the patient's pain management.

IMR DECISION(S) AND RATIONALE(S)

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

1. One consultation with infectious disease specialist within the MPN is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 296, which is part of MTUS.

The Physician Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5), pg. 89-92, which is part of MTUS.

The Physician Reviewer's decision rationale:

The ACOEM guidelines address referrals as appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or individual's agreement to a treatment plan. There was no submitted documentation to support the need for a specialist. The request for a consultation with infectious disease specialist is not certified. **The request for one consultation with infectious disease specialist within the MPN is not medically necessary and appropriate.**

2. One prescription of Norco 10/325mg #40 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section Pain Management Specialist, which is part of MTUS, and Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, pg. 56, which is not part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Opiates, pg. 78-79, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines addresses the provider performing an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This is referred to as the 4 A's for ongoing monitoring. The employee was already given a month supply of the medication. There was no supportive clinical of the employee's decrease use of Norco, any other treatment, the pain relief, functional status, any side effects, or appropriate medication use. As such, the prescription for Norco 10/325mg #40 is not certified. **The request for One prescription of Norco 10/325mg #40 is not medically necessary and appropriate.**

3. One prescription of Flexeril 7.5mg #30 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Cyclobenzaprine, pg. 41-42, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS guidelines indicate that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. The effect is modest and comes at the price of greater adverse effects. Cyclobenzaprine is recommended to be used for 2-3 weeks for symptom improvement in lower back pain (LBP) and is associated with drowsiness and dizziness. The employee has already been authorized the 3 weeks and the request would be outside the recommended guidelines. As such, the request for Flexeril 7.5mg #30 is not certified. **The request for One prescription of Flexeril 7.5mg #30 is not medically necessary and appropriate.**

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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.