

Independent Medical Review Final Determination Letter

1248

Dated: 12/17/2013

IMR Case Number:	CM13-0018857	Date of Injury:	05/15/2003
Claims Number:	[REDACTED]	UR Denial Date:	08/26/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
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

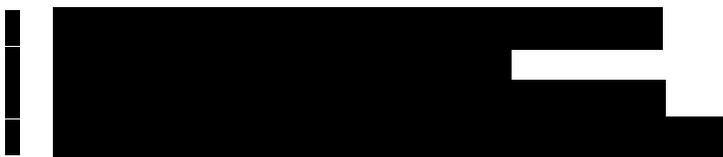
cc: Department of Industrial Relations, [REDACTED]

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 Internal Medicine, Pulmonary Diseases, 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:



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 58 year old female who reported an injury on 05/15/2003. She has had a continuous complaint of left shoulder pain. She had been prescribed Flexeril, Naprosyn, and Prilosec prior to her appointment date of 08/15/2012. Since then, the patient has been re-evaluated throughout the course of a year and a half for shoulder pain. She has had her medications refilled every three months in order to provide her with enough pain relief for her to complete her activities of daily living. At her latest exam, dated 08/19/2013, the patient was evaluated for her left shoulder again and her medication was discussed at that time.

IMR DECISION(S) AND RATIONALE(S)

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

1. Vicodin 5/500mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California 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, pages 74-78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines has lengthy criteria regarding the use of opioids as they are considered to be habit-forming medications and should be treated with caution.

The medical records provided for review do not provide adequate information supporting the use of the Vicodin. Per MTUS Chronic Pain Guidelines, opioids should not be utilized until a course of non-opioid medications has been tried and found to be ineffective. However, there are no documents provided stating the employee has used anything but opioids and an anti-inflammatory. The only exception was a reference to the physician giving the employee a trial of Extra Strength Tylenol. The physician was supposed to re-evaluate the employee on May 20, 2012 to see if the employee had any pain relief from the Tylenol; but the documentation did not indicate if the employee even tried it. Furthermore, it is advised by the MTUS Chronic Pain Guidelines that a patient should keep a pain diary in order to provide information about what triggers the onset of pain as well as what makes the pain better or worse. As such, it is unclear whether or not the employee has had any improvement of pain and/or function. The information submitted for review paints a vague picture of the employee's overall well-being in regards to long-term Vicodin use. As such, without adequate information regarding the former and present use of this medication, the requested service is non-certified. **The request for Vicodin 5/500mg #30 is not medically necessary and appropriate.**

2. Flexeril 10mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California 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, pages 41-42, which is part of the MTUS.

The Physician Reviewer's decision rationale:

According to the MTUS Chronic Pain Guidelines, Flexeril is only meant to be used on a short course of therapy. Therefore, if the employee is not receiving effective relief from pain and/or muscle spasms after over a year and a half of using this medication, then it is recommended by the MTUS Chronic Pain Guidelines that another medication should be utilized. Furthermore, as noted above, there is a lack of objective information in the medical records provided for review pertaining to the overall effectiveness of the current medications the employee is taking. It is unclear if the employee is actually benefitting from using the medication. **The request for Flexeril 10mg #30 is not medically necessary and appropriate.**

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

The Claims Administrator based its decision on the Official Disability Guidelines section on Pain (Chronic) which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 68, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Although the MTUS Chronic Pain Guidelines does recommend Prilosec for patients at intermittent risk for gastrointestinal damage while taking a course of anti-inflammatories,

there is nothing in the documentation provided for review indicating that the employee is taking a Non-Steroidal Anti-Inflammatory Drug at this time. Medical records provided for review refer to the employee having taken Naprosyn in the past; however, there is not a clear document indicating the medication dosage nor the time frame of when Naprosyn was last utilized. Therefore, as to the need for Prilosec to counter any possible side effects from the Naprosyn, at this time there is nothing that suggests the employee is even taking the medication. **The request for Prilosec 20mg #30 is not 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.