
Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0001583	Date of Injury:	10/16/2001
Claims Number:	[REDACTED]	UR Denial Date:	07/11/2013
Priority:	STANDARD	Application Received:	07/15/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE SEE SECOND PAGE			

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 Occupational Medicine, 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 applicant has a history of prior fractures of right and left ankle, asthma, and hay fever.

SUMMARY OF RECORDS: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 16, 2001.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers and various specialties; prior lumbar fusion surgery in 2006 with subsequent hardware removal in 2011; epidural steroid injection therapy; and extensive periods of time off work.

In a utilization review report of July 11, 2013, the claims administrator denied request for physical therapy, Cymbalta, Valium, Dilaudid, Motrin, Inderal, Lunesta, Prilosec, Topamax and/or Wellbutrin. The applicant's attorney later appealed, on July 15, 2013.

In a medical legal evaluation of August 9, 2013, the medical legal evaluator endorsed repeat surgery and/or repeat MRI imaging. Another clinical progress note of August 8, 2013 is notable for comments that the applicant has been unable to return to work. The applicant reports 8 to 9/10 low back pain with pain and weakness about the legs. The applicant has had numerous side effects with other opioids. The applicant exhibits normal gait and station with muscle strength ranging from 4 to 5/5 and a slight uncomfortable feeling. Surgical scaring is noted. Repeat fusion surgery is sought. The applicant has been issued numerous medications, including Cymbalta, Dilaudid, Motrin, Inderal, Lunesta, Prilosec, Topamax, Wellbutrin, and Zanaflex.

IMR DECISION(S) AND RATIONALE(S)

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

1. 12 physical therapy sessions is not medically necessary and appropriate.

The Claims Administrator based its decision on The CA MTUS and ACOEM, which is part of the MTUS; also (ODG) Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (2009), page 99, Physical Medicine Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee has had prior unspecified amounts of physical therapy over the life of the claim. While the MTUS Chronic Pain Medical Treatment Guidelines do endorse a general course of 8 to 10 sessions of treatment for neuralgia and/or radiculitis of various body parts, the chronic pain guidelines, on page 8, also endorse tying extension of treatment to clear evidence of functional improvement. In this case, there is no clear evidence of functional improvement following completion of prior unspecified amounts of therapy. Rather, the fact that the employee continues to use numerous analgesics and adjuvant medications and has failed to return to any form of work implies the lack of functional improvement as defined in MTUS 9792.20f. It is further noted that the chronic pain guidelines endorsed tapering or fading the frequency of physical therapy over time and emphasizing acts of self directed home physical medicine. Thus, for all of these reasons, the request for 12 sessions of physical therapy cannot be supported at this time.

2. Cymbalta 30 mg is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (2009), page 15, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The request for Cymbalta 30 mg is likewise non-certified, on independent medical review. While page 15 of the MTUS Chronic Pain Medical Treatment guidelines notes that Cymbalta can be used off label for the treatment of radiculopathy, in this case, as with the other drugs, the employee has used this agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. Rather, the employee's heightened pain complaints, failure to return to any form of work, and continued dependence on various medications and invasive interventions implies a lack of functional improvement as defined in section 9792.20f.

3. Valium 5 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on Chronic Pain Treatment Guidelines (2009), page 24, Benzodiazepines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium or diazepam are not recommended for chronic or long-term use purposes, for pain, anticonvulsant effects, hypnotic effect, etc. In this case, the attending provider has not furnished any rationale to try and offset the unfavorable, CA MTUS recommendations. The employee's lack of functional improvement with this and other drugs does not make a compelling case to continue the same.

4. Dilaudid 4 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines(2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (2009), page 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or decreased pain. In this case, the employee's pain is reportedly heightened as of the July 2013 office visit. There is still a great significance of difficulty in terms of performance of non work activities of daily living and has failed to return to work. Continuing opioid therapy cannot be endorsed in this context.

5. Hydromorphone 4 mg (Dilaudid) is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines(2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines(2009), page 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted, previously, the employee fails to meet the cardinal criteria for continuation of opioid therapy set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Namely, there is no evidence of successful return to work, improved functioning, and/or reduced pain affected through ongoing opioid usage.

6. Ibuprofen 800 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines(2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines(2009), page 22, Anti-inflammatory medications, which is part of the MTUS.

The Physician Reviewer's decision rationale:

While page 22 of the MTUS Chronic Pain medical treatment guidelines does acknowledge that non-steroidal anti-inflammatory drugs (NSAID)'s such as ibuprofen do represent the traditional first line of treatment for chronic low back pain, as is present here, in this case, as with the other medications, the employee has failed to effect any evidence of functional improvement as defined in section 9792.20f through usage of ibuprofen. The employee's failure to return to any form of work, continued usage of numerous analgesics and adjuvant medications, and continued dependence on surgical and nonsurgical treatment implies the lack of functional improvement as defined in section 9792.20f.

7. Inderal 20 mg is medically necessary and appropriate.

Unable to determine from the Utilization Review the evidence basis used by the Claims Administrator.

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

The Physician Reviewer's decision rationale:

As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, all non-steroidal anti-inflammatory drugs (NSAID)s, including the ibuprofen which the employee is using here, do have a potential to raise the blood pressure in susceptible hypertensive patients. In this case, it is stated on July 8, 2013, progress note that the employee is using Inderal as a "cardiovascular system medication." The employee's blood pressure was described as 128/78 with a pulse of 78 on that date, implying that their blood pressure was well controlled on Inderal. Thus, the documentation on file, while incomplete, does seemingly establish the presence of hypertension for which Inderal is indicated, both per page 69 of the MTUS Chronic Pain Medical Treatment Guidelines and per the Physician's Drug Reference (PDR).

8. Lunesta 2 mg is medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the (ODG) Official Disability Guidelines, Insomnia treatment, which is not MTUS.

The Physician Reviewer's decision rationale:

As noted in the (ODG) Official Disability Guidelines ,Chronic Pain Chapter Insomnia Treatment Topic, sleep aids such as Lunesta have demonstrated reduced sleep latency and sleep maintenance and are FDA approved for use longer than 35 days. In the most recent progress report of July 8, 2013, the attending provider wrote, on the review of systems section that the employee was experiencing sleep problems/difficulty sleeping. Employing Lunesta is indicated in this context. Since the MTUS does not address the topic, alternate guidelines are selected.

9. Omeprazole 20 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines(2009), which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

While proton pump inhibitors such as omeprazole are indicated in the treatment of non-steroidal anti-inflammatory drugs (NSAID) induced dyspepsia, per page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, in this case, however, there is no clear evidence or description of signs or symptoms of reflux, dyspepsia and/or heartburn for which usage of omeprazole would be indicated. The most recent July 2013 progress note provided states in the review of section that the employee is experiencing nausea. There is, however, no mention of reflux, heartburn, and/or dyspepsia for which omeprazole would be indicated.

10. Topiramate 100 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines(2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, page 21, which is part of the MTUS.

The Physician Reviewer's decision rationale:

While page 21 of the MTUS Chronic Pain Medical Treatment guidelines does tepidly endorse Topamax as last line atypically anticonvulsant for neuropathic pain when other anticonvulsants fail, in this case, as with the other analgesics and adjuvant medications, the employee has used this particular agent chronically and failed to derive any lasting benefit or functional improvement through ongoing usage of the same. The employee's failure to return to any form of work and continued usage of numerous analgesics and adjuvant medications, taken together, implies a lack of functional improvement as defined in section 9792.20f.

11. Wellbutrin 100 mg is not medically necessary and appropriate.

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines(2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, page 27, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 27 of the MTUS Chronic Pain Medical Treatment guidelines, Wellbutrin or bupropion can be employed as an option for neuropathic pain or chronic low back pain after other agents have been tried and/or failed. In this case, however, the employee has previously tried Wellbutrin and has failed to effect any lasting benefit or functional improvement through prior usage of Wellbutrin. As with the other drugs, the employee's failure to return to any form of work and continued reliance on medical and surgical treatments implies the lack of functional improvement as defined in MTUS 9792.20.

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