
Independent Medical Review Final Determination Letter

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

Dated: 12/31/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 1/12/2000
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0002047

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 Occupational Medicine 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:

This 56-year-old female claimant has an industrial injury to the lumbar back from an unknown mechanism dated April 7, 2002. She has predominant mechanical axial lumbar backache, recurrent myofascial strain and referred pain in the bilateral lower extremities, recurrent cervicogenic headaches, and chronic thoracic pain. In addition, she has a history of preexisting lumbar back surgery in the past in 1997 with no subsequent residual deficits or apportionment issues. A follow-up of June 17, 2013 confirms that the claimant cannot tolerate NSAIDs and Acetaminophen due to gastrointestinal side effects following chronic use of oral medications. Physical therapy, home exercise program and medications Methadone, Trazodone, Neurontin, Cymbalta, Soma, Restoril, and Oxycodone are currently prescribed and are under review in this determination. The clinical examination documents absence of any gastrointestinal related issues at present particularly no upper GI disease or side effects. On examination, there is painful restricted cervical, thoracic and the lumbar range of movements with no apparent sensory or reflex deficits in the lower extremity except for absent left deep tendon reflex. Motor strength is diminished in the left lower extremity.

IMR DECISION(S) AND RATIONALE(S)

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

1. Trazadone HCL 50mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 7, page 127, and the Official Disability Guidelines, Pain Chapter, which are not part of the MTUS

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-depressants, page 13, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The CA MTUS chronic pain guidelines suggest anti-depressants for low to moderate pain especially if the patient shows insomnia, anxiety or depression. This patient does not show depressive symptoms. The MTUS states that antidepressants have a small to moderate effect on chronic low back pain and the effect is short term pain relief. The guidelines indicate antidepressants are an option for radiculopathy, "but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy." The guidelines further states medication should be documented regarding its effectiveness side-effects and evaluation of function. There are no records indicating the effectiveness of this medication, other than the patient has been taking it for extended periods. The MTUS does not support long term use of antidepressants with out proven efficacy.

2. Restoril 15mg is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

Chronic benzodiazepines are the treatment of choice in very few conditions. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant and tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The CA MTUS states that benzodiazepines are not recommended for long term use because long-term efficacy is unproven and there is a risk of dependence. The patient has been using this medication for longer than the 4 weeks recommended by the guidelines. The request is not in accordance with MTUS guidelines.

3. PGT enzymatic study is not medically necessary and appropriate.

The Claims Administrator based its decision on the <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>, which is not part of the MTUS.

The Expert 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 Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter, Genetic Testing.

The Physician Reviewer's decision rationale:

The CA MTUS or ACOEM do not address PGT. PGT is designed to detect genetic variations in enzymes associated with the metabolism of medications commonly prescribed to patients suffering from chronic pain and psychiatric disorders, including opioids. The ODG does address genetic testing for pain, in its pain section. It does not recommend genetic testing for opioid resistance or potential abuse. There are no established clinical standards for this testing. There is

no clear clinical research showing that PGT helps in treatment of illness (as derived through PubMed search). In addition, until further evidence is available this testing does not meet clinical standards of care. Therefore, as there are no standards for this testing, and is not recommended in current guidelines, the testing is not medically necessary.

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]

[REDACTED]

[REDACTED]