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## Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	9/16/2010
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0002151

- 1) MAXIMUS Federal Services, Inc. has determined the request for a discogram L3-4 to L5-S1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Ultram 50mg one PO bid **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg one PO bid **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg one PO bid **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for FlurFlex (Flurbiprofen 15%/Cyclobenzaprine 10%) **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 6 acupuncture visits for the low back (2 times per week for 3 weeks) **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the lumbar spine **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on <<Click here to enter Date>>. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a discogram L3-4 to L5-S1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Ultram 50mg one PO bid **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg one PO bid **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg one PO bid **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for FlurFlex (Flurbiprofen 15%/Cyclobenzaprine 10%) **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 6 acupuncture visits for the low back (2 times per week for 3 weeks) **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the lumbar spine **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 Expert 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013.

#### "Clinical History:

Radiology report MRI of the lumbar spine dated 06/06/12 reveals 6 millimeters posterior protrusion at L4-L5 indenting the anterior portion of the lumbosacral sac causing a moderate decrease in the AP sagittal diameter of the lumbosacral canal. There is mild bony hypertrophy of the articular facets. Thickening of the ligamentum

flavum is noted. At L5-S1, there is 4.5 millimeters posterior protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac causing a moderate decrease in the AP sagittal diameter of the lumbosacral canal. There is mild hypertrophy of the articular facets and thickening of the ligamentum flavum.

PR-2 dated 02/21/13 states that the claimant complains of low back pain. Treatment plan includes Ultram 50mg one PO bid, Soma 350mg one PO bid, Prilosec 20mg one PO bid, FlurFiex (Fiurbiprofen 15%/Cyclobenzaprine 1 0%), acupuncture for the low back, MRI of the lumbar spine, discogram at L3-L4 to L5-S1, and re-evaluation in four to six weeks. The claimant is on modified work.

Secondary treating physician's initial report dated 04/29/13 states that the claimant complains of constant pain in the lumbar spine rated 2-5/10. The claimant has soreness in the lumbar spine and sacroiliac joint with bilateral lower extremity radiculopathy into the feet greater on the right side. On examination, range of motion as to extension is 25 degrees and side bending is 30 degrees bilaterally. Treatment plan includes 6 visits of acupuncture.

Thoracic/lumbar and lower extremities- progress exam report dated 06/03/13 states that the claimant presents with tenderness over the bilateral multifidus and right longissimus associated with guarding. Tenderness is also noted at L5-S1. Range of motion as flexion is 40 degrees, extension, and bilateral lateral bending is 20 degrees. There is positive Lasegue's test bilaterally.

PR-2 dated 06/03/13 states that the claimant complains of low back pain. Treatment plan includes Ultram 50mg one PO bid, Soma 350mg one PO bid, Prilosec 20mg one PO bid, FlurFiex (Fiurbiprofen 15%/Cyclobenzaprine 1 0%}, acupuncture for the low back, MRI of the lumbar spine, discogram at L3-L4 to L5-S1 and re-evaluation ion four to six weeks. The claimant is on modified work.

Review of the claim notes that the claimant was approved for re-evaluation on 06/28/13 and 6 sessions of acupuncture to the low back on 01/28/13.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/19/2013)
- Utilization Review Determination (dated 7/1/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

### **1) Regarding the request for a discogram L3-4 to L5-S1:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2<sup>nd</sup> Edition, (2004), Chapter 12, pages 304-305, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines, Low Back Chapter, Discography section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert

Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/16/10 in a work-related incident and has experienced low back pain. Diagnoses include lumbar strain/sprain, herniated nucleus pulposus lumbar, lumbar/sacral disc degeneration, lumbar disc displacement, contusion of lower leg, and mass of calf. Treatment has included medications. A request was submitted for a discogram L3-4 to L5-S1.

The ACOEM guidelines indicate that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. Furthermore, the submitted medical records do not indicate that the employee is a candidate for either intradiscal electrothermal (IDET) annuloplasty or fusion. The guidelines do not support this request. The request for a discogram L3-4 to L5-S1 is not medically necessary and appropriate.

**2) Regarding the request for Ultram 50mg one PO bid:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), pages 76-78, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/16/10 in a work-related incident and has experienced low back pain. Diagnoses include lumbar strain/sprain, herniated nucleus pulposus lumbar, lumbar/sacral disc degeneration, lumbar disc displacement, contusion of lower leg, and mass of calf. Treatment has included medications. A request was submitted for Ultram 50mg one PO bid.

The MTUS Chronic Pain guidelines note that failure to respond to a time-limited course of opioids leads to suggestion of reassessment and consideration of alternative therapy. Except for the urine drug screen results, the submitted medical records do not include recommended documentation to establish that the employee's response to treatment is favorable and safe. The request for Ultram 50mg one PO bid is not medically necessary and appropriate.

**3) Regarding the request for Soma 350mg one PO bid:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), pages 53-55, which are part of the California

Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines, Pain Chapter, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 29, 53-55, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 9/16/10 in a work-related incident and has experienced low back pain. Diagnoses include lumbar strain/sprain, herniated nucleus pulposus lumbar, lumbar/sacral disc degeneration, lumbar disc displacement, contusion of lower leg, and mass of calf. Treatment has included medications. A request was submitted for Soma 350mg one PO bid.

The MTUS Chronic Pain guidelines note that muscle relaxants are recommended in certain situations. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Per the submitted medical records, except for the results of urine drug screens, there is a lack of recommended documentation demonstrating that the employee's response to treatment is favorable and safe. The request for Soma 350mg one PO bid is not medically necessary and appropriate.

**4) Regarding the request for Prilosec 20mg one PO bid:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Procedure Summary, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 68, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 9/16/10 in a work-related incident and has experienced low back pain. Diagnoses include lumbar strain/sprain, herniated nucleus pulposus lumbar, lumbar/sacral disc degeneration, lumbar disc displacement, contusion of lower leg, and mass of calf. Treatment has included medications. A request was submitted for Prilosec 20mg one PO bid.

The MTUS Chronic Pain Guidelines indicate that patients who are at intermediate or high risk for gastrointestinal problems have indications for proton pump inhibitors. The submitted medical records do not document gastrointestinal conditions for which Prilosec is indicated. The request for Prilosec 20mg one PO bid is not medically necessary and appropriate.

**5) Regarding the request for FlurFlex (Flurbiprofen 15%/Cyclobenzaprine 10%):**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), pages 101-102, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 111-113, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 9/16/10 in a work-related incident and has experienced low back pain. Diagnoses include lumbar strain/sprain, herniated nucleus pulposus lumbar, lumbar/sacral disc degeneration, lumbar disc displacement, contusion of lower leg, and mass of calf. Treatment has included medications. A request was submitted for FlurFlex (Flurbiprofen 15%/Cyclobenzaprine 10%).

The MTUS Chronic Pain guidelines note that topical analgesics are recommended as an option in certain circumstances. However, the MTUS Chronic Pain guidelines indicate that there is no evidence for use of any other muscle relaxant as a topical product. Also, the guideline indicates that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for FlurFlex (Flurbiprofen 15%/Cyclobenzaprine 10%) is not medically necessary and appropriate.

**6) Regarding the request for 6 acupuncture visits for the low back (2 times per week for 3 weeks):**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/16/10 in a work-related incident and has experienced low back pain. Diagnoses include lumbar strain/sprain, herniated nucleus pulposus lumbar, lumbar/sacral disc degeneration, lumbar disc displacement, contusion of lower leg, and mass of calf. Treatment has included medications. A request was submitted for 6 acupuncture visits for the low back (2 times per week for 3 weeks).

The MTUS Acupuncture guidelines note that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Per the guidelines, acupuncture treatments may be extended if

functional improvement is documented. The submitted medical records do not include documentation of response to previous treatments, and the only record of acupuncture treatment provided is 10/31/12. The request for 6 acupuncture visits for the low back (2 times per week for 3 weeks) is not medically necessary and appropriate.

**7) Regarding the request for an MRI of the lumbar spine:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2<sup>nd</sup> Edition, (2004), Chapter 12, page 303, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Low Back Chapter, MRI section, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/16/10 in a work-related incident and has experienced low back pain. Diagnoses include lumbar strain/sprain, herniated nucleus pulposus lumbar, lumbar/sacral disc degeneration, lumbar disc displacement, contusion of lower leg, and mass of calf. Treatment has included medications. A request was submitted for MRI of the lumbar spine.

The ACOEM guidelines note that unequivocal objective findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. The submitted medical records do not include documentation of any objective findings suggesting neurological deficits or any red flags which would be an indication for the requested MRI. The request for an MRI of the lumbar spine is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/srb

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.