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**Notice of Independent Medical Review Determination**

Dated: 10/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/3/2013  
Date of Injury: 5/9/2009  
IMR Application Received: 7/22/2013  
MAXIMUS Case Number: CM13-0002294

- 1) MAXIMUS Federal Services, Inc. has determined the request for aqua therapy for the lumbar spine 2 times per week for 4 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Naproxen 550mg # 60 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a 1 year gym membership **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 7.5mg # 60 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg # 60 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 aqua therapy for the lumbar spine 2 times per week for 4 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Naproxen 550mg # 60 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a 1 year gym membership **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 7.5mg # 60 **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg # 60 **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 Physical Medicine & Rehabilitation 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 3, 2013:

"This 42-year-old female sustained an injury on 5/9/09. The mechanism of injury was not provided for review. The diagnoses included L4-5 and L5-S1 herniated nucleus pulposus, status post L4-5 and LS-51 posterior lumbar interbody fusion on 3/23/11. The progress report dated 5/31/13 noted the patient was status post a lumbar laminectomy and discectomy at L5-S1 on 3/23/11 with persistent low back pain. She had returned to work, but noted pain at the end of the day. Her pain level was rated at 89/10 on the visual analog scale (VAS). She had been attending acupuncture therapy with benefit. The objective findings noted lumbar spine spasm and tenderness in the paralumbar musculature. There was reduced range of motion and pain with palpation to the lumbar paraspinal muscles. The straight leg raise test was negative. The plan noted the patient was in need of a lumbar spine brace and a Lindora weight loss program, as the patient had gone from 185 pounds prior to the surgery to 240 pounds currently. The plan also

included aquatic therapy for the patient to teach her the exercises so that she may do it on her own, and the medications Tramadol ER 150mg, Naproxen 550mg, Cyclobenzaprine 7.5mg and Omeprazole 20mg. The patient was to return to full work duty, per the agreed medical evaluation (AME)."

**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 7/22/13)
- Utilization Review Determination from [REDACTED] (dated 7/03/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for aqua therapy for the lumbar spine 2 times per week for 4 weeks**

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), Aquatic Therapy and Exercise, page 22, 46-47, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider cited the MTUS Chronic Pain Guidelines, Aquatic Therapy section. The provider also cited the Medical Disability Advisor, 5<sup>th</sup> Edition, Volume 2, page 1654 and 2029, which is a medical treatment guideline that is not part of the California MTUS. 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 5/9/2009 and has experienced low back pain. The employee's diagnoses included L4-5 and L5-S1 herniated nucleus pulposus, status post L4-5 and L5-S1 posterior lumbar interbody fusion on 3/11/2011. The employee has been treated with Advil, omeprazole, Tylenol, and Tramadol as well as at least 12 sessions of physical therapy and acupuncture. The employee's body mass index (BMI) is noted to be 42.2. A request was submitted for aqua therapy for the lumbar spine 2 times per week.

The Chronic Pain Medical Treatment Guidelines recommend 8-10 aquatic therapy visits for neuralgia or myalgia. The guidelines support 1-2 visits for education, counseling and evaluation for a home exercise program. The records submitted and reviewed indicate the employee meets the criteria for aquatic therapy given a BMI of over 42. However, the records do not include information from previous physical therapy visits and the requested frequency of aqua therapy twice per week for four weeks exceeds the recommendations in the current guidelines for exercise education. The request for aqua therapy for the lumbar spine 2 times per week **is not medically necessary and appropriate.**

## 2) Regarding the request for Naproxen 550mg # 60:

### 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), page 41, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider cited the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), pages 46-47, which are part of the MTUS. The provider also cited the Official Disability Guidelines (ODG), Pain Chapter, NSAIDs section, which is a medical treatment guideline that is not part of the MTUS. The Expert Reviewer relied on the MTUS Chronic Pain Guidelines, pages 22, 66-67.

### Rationale for the Decision:

The employee was injured on 5/9/2009 and has experienced low back pain. The employee's diagnoses included L4-5 and L5-S1 herniated nucleus pulposus, status post L4-5 and L5-S1 posterior lumbar interbody fusion on 3/11/2011. The employee has been treated with Advil, omeprazole, Tylenol, and Tramadol as well as at least 12 sessions of physical therapy and acupuncture. The employee's body mass index (BMI) is noted to be 42.2. A request was submitted for Naproxen 550mg #60.

The MTUS Chronic Pain Medical Treatment Guidelines support naproxen for osteoarthritis. The guidelines support the effectiveness of non-steroidal anti-inflammatory drugs (NSAIDs) for acute exacerbations of chronic low back pain. The employee's records demonstrate complaints of chronic low back pain. The request for Naproxen 550mg #60 **is medically necessary and appropriate.**

## 3) Regarding the request for a 1 year gym membership:

### 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), Low Back Chapter, Gym Membership section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider cited the MTUS Chronic Pain Medical Treatment Guidelines, (2009), page 47. The provider also cited the Medical Disability Advisor, Volume 2, page 1808, which is a medical treatment guideline that is not part of the MTUS. The Expert Reviewer determined the California MTUS do not address the issue in dispute. 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 5/9/2009 and has experienced low back pain. The employee's diagnoses included L4-5 and L5-S1 herniated nucleus pulposus, status post L4-5 and L5-S1 posterior lumbar interbody fusion on 3/11/2011. The employee has been treated with Advil, omeprazole, Tylenol, and Tramadol as well as at least 12 sessions of physical therapy and acupuncture. The

employee's body mass index (BMI) is noted to be 42.2. A request was submitted for gym membership for one year.

The ODG does not recommend gym membership as a medical prescription unless the home exercise program has not been effective, there is need for equipment, and the treatment needs to be monitored by a medical professional. The 5/21/2013 report noted the employee is riding a bicycle one hour per day for 2-3 days a week but there is no indication from the provider whether this was effective and no description of what exercise equipment is necessary or how it the exercise is to be monitored. The request is not consistent with the ODG criteria for a gym membership. The request for a 1 year gym membership **is not medically necessary and appropriate.**

#### **4) Regarding the request for Cyclobenzaprine 7.5mg # 60:**

##### 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), page 41, which is part of the California MTUS. The provider did not dispute the guidelines used by the Claims Administrator, but also cited the Official Disability Guidelines (ODG), Antispasticity Drugs section, which is a medical treatment guideline that is not part of the MTUS. 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 5/9/2009 and has experienced low back pain. The employee's diagnoses included L4-5 and L5-S1 herniated nucleus pulposus, status post L4-5 and L5-S1 posterior lumbar interbody fusion on 3/11/2011. The employee has been treated with Advil, omeprazole, Tylenol, and Tramadol as well as at least 12 sessions of physical therapy and acupuncture. The employee's body mass index (BMI) is noted to be 42.2. A request was submitted for Cyclobenzaprine 7.5mg #60.

The MTUS Chronic Pain Medical Treatment Guidelines supports use of Cyclobenzaprine for lower back muscle spasms. The records submitted and reviewed demonstrate the employee has objective findings of lower back muscle spasms on examination. The records also do not indicate any prior use of Cyclobenzaprine. The requested medication is consistent with the MTUS Chronic Pain guidelines. The request for Cyclobenzaprine 7.5mg #60 **is medically necessary and appropriate.**

#### **5) Regarding the request for Omeprazole 20mg # 60:**

##### 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 63-64, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute

the guidelines used by the Claims Administrator, but also cited the Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors section, which is a medical treatment guideline that is not part of the MTUS. 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 5/9/2009 and has experienced low back pain. The employee's diagnoses included L4-5 and L5-S1 herniated nucleus pulposus, status post L4-5 and L5-S1 posterior lumbar interbody fusion on 3/11/2011. The employee has been treated with Advil, omeprazole, Tylenol, and Tramadol as well as at least 12 sessions of physical therapy and acupuncture. The employee's body mass index (BMI) is noted to be 42.2. A request was submitted for Omeprazole 20mg #60.

The MTUS Chronic Pain Medical Treatment Guidelines support use of proton pump inhibitors for patients with gastrointestinal risk factors. The records submitted and reviewed document the employee has stopped using Vicodin, but still gets occasional abdominal cramping and loose bowels. The employee was reported to use omeprazole only when cramping occurs, and does not take it regularly. The employee's history is negative for peptic ulcer disease, and the employee denies heartburn or epigastric burning sensation. The records do not state the employee is on high dose naproxen or multiple NSAIDs, or has any gastrointestinal event risk factor to support the use of a proton pump inhibitor. The request for Omeprazole 20mg #60 **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

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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.