

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

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

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 11/26/2001
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006373

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 and Pulmonary Disease 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 employee is a 49-year-old female who reported a work related injury on 11/26/2001 as a result of a fall. The employee subsequently presents for treatment of the following diagnoses: (1) internal derangement of the knee; (2) strain/sprain not otherwise specified, neck sprain, and lumbosacral joint ligament sprain. The clinical note dated 05/13/2013 reports the employee was seen under the care of Dr. [REDACTED] for her continued pain complaints. The provider documents no significant change since the patient's last visit. The employee is utilizing Pepcid, Lortab, Cyclobenzaprine, and topical analgesic. The employee complains of continued pain to the neck and back. Upon physical exam of the cervical spine, flexion was at 20 degrees and extension was at 20 degrees. There was tenderness and spasms noted in the cervical paravertebral musculature. On examination of the thoracic and lumbar spine, flexion was 20 degrees and extension was 20 degrees. There was tenderness and spasms noted in the paravertebral musculature. Straight leg raising test produces pain in the lumbar spine bilaterally. Upon examination of the bilateral knees, range of motion was at 0 degrees to 135 degrees. There was tenderness and effusion noted. The neurological examination was negative in the upper and lower extremities. The provider documented the employee's following medications were refilled to assist in reducing or aiding in resolving the employee's signs and symptoms, per the provider: Valium 10 mg 1 by mouth q. 8 hours, Fexmid 7.5 mg tab 1 by mouth q. 8 hours, Lortab 7.5/500 mg 1 tab by mouth q. 6 hours, and Norco 10/325 1 to 2 by mouth q. 4 hours to 6 hours. The provider documented the patient was to continue with H-wave therapy to reduce or eliminate chronic pain and inflammation. The provider documented the patient was scheduled for consideration of a lumbar epidural steroid injection.

IMR DECISION(S) AND RATIONALE(S)

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

1.Valium (Diazepam) 10 mg one to two (1-2) every four to six (4-6) hours # 60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS Chronic Pain Medical Treatment Guidelines.

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

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that "Benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." According to the medical records provided for review, the clinical notes do not show evidence of how long the employee's course of treatment with this medication has been, or the clear efficacy of treatment. **The request for Valium (Diazepam) 10 mg one to two (1-2) every four to six (4-6) hours # 60 is not medically necessary and appropriate.**

2.Fexmid (Cyclobenzaprine HCL) 7.5 mg every eight (8) hours #60 is not medically necessary and appropriate.

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

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that "Flexeril is recommended as an option using a short course of therapy." According to the medical records provided for review, the clinical notes do not show evidence of how long the employee has been utilizing this medication or the clear efficacy of this treatment. **The request for Fexmid (Cyclobenzaprine HCL) 7.5 mg every eight (8) hours #60 is not medically necessary and appropriate.**

3.Lortab (Hydrocodone/BIT/ACET) 7.5/500 mg one to two (1-2) every four to six (4-6) hours times two (2) refills is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, On-Going Management, page 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the “4 A’s” (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors).” According to the medical records provided for review, the employee was utilizing both Lortab and Norco; therefore, multiple short acting opioids were noted as redundant. **The request for Lortab (Hydrocodone/BIT/ACET) 7.5/500 mg one to two (1-2) every four to six (4-6) hours times two (2) refills is not medically necessary and appropriate.**

4.Colace (Docusate Sodium) 10 mg one (1) twice a day #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 77, which is part of the MTUS.

The Physician Reviewer’s decision rationale:

The Chronic Pain Guidelines indicate that “Prophylactic treatment of constipation should be initiated.” According to the medical records provided for review, the employee has been recommended to utilize a weaning schedule. **The request for Colace (Docusate Sodium) 10 mg one (1) twice a day #60 is not medically necessary and appropriate.**

5.Lumbar epidural steroid injection (level not specified) is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 46, which is part of the MTUS.

The Physician Reviewer’s decision rationale:

The Chronic Pain Guidelines indicate that “Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.” According to the medical records provided for review, there is lack of significant objective findings of symptomatology upon physical exam of the employee, as well as the lack of documentation evidencing at what level the employee is to be administered the epidural steroid injection. **The request for lumbar epidural steroid injection (level not specified) is not medically necessary and appropriate.**

6. H-Wave therapy is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), page 118, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that "H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following failure or initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation." According to the medical records provided for review, there is lack of documentation evidencing the employee's reports of efficacy with the requested modality, as the provider documents the employee was to continue utilizing this device. **The request for H-Wave therapy is not medically necessary and appropriate.**

7. Urine toxicology test is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids, screening for risk for addiction (tests), which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioid, on-going management, page 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. According to the medical records provided for review, the clinical notes recommended evidence the employee had recently undergone a urine drug screen, and the clinical notes did not indicate the employee presented with any aberrant drug behaviors. **The request for urine toxicology test is not medically necessary and appropriate.**

/mg

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]

CM13-0006373