

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 8/24/2009
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006600

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 10mg #30** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **Flexeril 10mg #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 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 Family Practice, 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.

Expert Reviewer Case Summary:

This 48 year old male employee was working and sustained an injury on 8/24/2009. He was working on tires for a forklift. He reached down to lift the tires up and twisting to the right, felt pain into his lower back and right lower extremities.

Following the back injury, the employee had been treated with physical therapy, medication management, epidural steroid injections, lumbar facet blocks, and a lumbar facet radiofrequency ablation. According to the documentation, he had some relief from these procedures. He did return back to work at full duty.

The documentation from a visit note on 7/18/2013 noted that the employee had more right leg pain than in the past. The lower back pain was moderate to severe depending on activity level. The muscle spasms had been increasing, especially at night and he was unable to sleep for a long period of time. He is taking medications only as prescribed and stated that his pain is better controlled on his current treatment without reports of any new side effects. The level of functionality remains the same. The physical exam revealed a positive bilateral straight leg raise, flexion was 30 degrees, pain over the bilateral L4-L5 and L5-S1 facet joints. Extension was painful and showed positive facet maneuver on the right and the left. The patient showed a positive kemp maneuver bilaterally but more pronounced on the right with bilateral erector spasm. The diagnosis given was lumbago, lumbar disc displacement without myelopathy, and back disorder. The plan included a trial of Gabapentin with a titration schedule to 1800mg/day. He demonstrates adequate pain control and ability to function and perform household and hygienic activities of daily living with quality of life on Naprosyn 550 #60, Prilosec 20mg #60, and Flexeril 10 mg 1 tab at bedtime.

His pain was significantly reduced following the initiation of opioid therapy resulting in increased physical and psychosocial functioning. There is a signed opioid agreement in the chart, CURE/PAR reports, yearly liver function test, and random urine toxicology screens to monitor compliance.

The medications under review are Flexeril 10mg #30 and Prilosec 20mg #60. After review of the documentation, Flexeril and Prilosec have been used at the current dosing for over a year. The physical exam remains essentially unchanged during that timeframe.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Flexeril 10mg #30:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 41-42 and 60-61, which are a part of the MTUS.

Rationale for the Decision:

This employee has been on Flexeril for greater than one year. The physical exam does not reveal much change during that timeframe. According to the MTUS Chronic Pain Guidelines, Flexeril is recommended as a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. The medical records provided for review show that the employee has taken the medication for greater than one year. There was no documentation of trial of another medication or discontinuation of the Flexeril and worsening of symptoms. There is inadequate documentation as to the use of Flexeril long term in this employee. **The request for continued Flexeril 10mg #30 is not medically necessary and appropriate.**

2) Regarding the request for Prilosec 20mg #60:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 68-69, which are a part of MTUS.

Rationale for the Decision:

This employee has been on Prilosec 20mg #60 and Naprosyn for greater than one year. According to the chronic pain guidelines, a clinician should weigh the indication for non-steroidal anti-inflammatory disease (NSAIDs) medications against both gastrointestinal and cardiovascular risk factors. It should be determined if the employee has the following risks for gastrointestinal events: (1) an age of more than 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID medications. Recent studies have shown that H. pylori does not act synergistically with NSAIDs causing development of gastroduodenal lesions. Long-term proton pump inhibitor use has been shown to increase the risk of hip fracture. There is inadequate documentation in the records provided for review in regards to this employee's history of gastrointestinal disease or being a high risk for gastrointestinal events. **The request for continued Prilosec 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
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