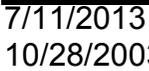

Notice of Independent Medical Review Determination

Dated: 11/22/2013



Employee: 
Claim Number: 
Date of UR Decision: 7/11/2013
Date of Injury: 10/28/2003
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006940

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Viagra 100MG is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 7.5MG is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20MG is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **gym membership for 6 months is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **TENS pad is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **retro: Viagra 100MG is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **retro: Flexeril 7.5MG is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20MG is not medically necessary and appropriate.**

- 9) MAXIMUS Federal Services, Inc. has determined the request for **retro: TENS pad is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for **retro: one (1) trigger point injection is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the request for **retro: Depo Medrol 80MG 0.5ml to Left Paraspinous muscles times one 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 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. 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 **Viagra 100MG is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 7.5MG is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20MG is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **gym membership for 6 months is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **TENS pad is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **retro: Viagra 100MG is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **retro: Flexeril 7.5MG is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20MG is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for **retro: TENS pad is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for **retro: one (1) trigger point injection is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the request for **retro: Depo Medrol 80MG 0.5ml to Left Paraspinous muscles times one 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 Internal 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.

Expert Reviewer Case Summary:

The claimant is a 51 yo male who sustained an injury on 10/28/2003. The mechanism of injury is not noted. The accepted injury is to the low back area. The current diagnoses are ; discogenic lumbar condition with radiculopathy; depression, and sleep disorder. Treatment has consisted of medical therapy and injections. Per the medical documentation he continues with low back pain when standing and walking for a prolonged period of time. He rates his pain as 8-10/10 without medications and 5-6/10 with medications. His provider has requested authorization and coverage for Viagra, Flexeril, Prilosec, TENS pad, a gym membership and trigger point injections

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 Viagra 100MG :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

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 Medscape Internal Medicine; Treatment of Erectile Dysfunction 2012, which is not part of the MTUS

Rationale for the Decision:

There is no documentation provided necessitating the requested medication, Viagra. There is no documentation of any details regarding the employee's condition of erectile dysfunction or any relation to prescribed medication. There is no documentation indicating that the employee's erectile dysfunction condition is related to the injury. The requested medication is not medically necessary. **The request for Viagra 100mg is not medically necessary and appropriate**

2) Regarding the request for Flexeril 7.5MG :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 41, which is part of the MTUS.

Rationale for the Decision:

Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. The documentaiton indicates there are palpable muscle spasms but there is no documentaiton of functional improvement from any previous use of this medication. The employee has been treated with multiple medical therapies. Per Ca MTUS Chronic Pain Guidelines muscle relxants are not considered any more effective than nonsteroidal anti-inflmmatory medications alone. Based on the currently available information, the medical necessity for this muscle relxant medication has not been established. **The request for Flexeril 7.5mg is not medically necessary and appropriate.**

3) Regarding the request for Prilosec 20MG:

The Medical Treatment Guidelines 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, GI Symptoms & Cardiovascular Risk, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk, page 68, which is part of the MTUS.

Rationale for the Decision:

Per MTUS Chronic Pain Guidelines, proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the employee has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, coricosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Prilosec has not been established. **The request for Prilosec 20mg is not medically necessary and appropriate.**

4) Regarding the request for gym membership for 6 months :

The Medical Treatment Guidelines 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) guidelines, 2nd Edition, 2004, page 114, which is part of the MTUS, Chronic Pain Medical Treatment Guidelines, which is part of the MTUS, and the Official Disability Guidelines, Treatment in Workers Comp, 2012, Online Version, which is not part of the MTUS

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

Rationale for the Decision:

There is no documentation provided necessitating a gym membership. Per California MTUS Chronic Pain Guidelines, exercise is recommended as part of a dynamic rehabilitation program but a gym membership is not recommended unless a home exercise program has not been effective and there is a need for specific equipment. Treatment needs to be monitored and administered by medical professionals. There is no documentation of a failed home exercise program or the need for specific equipment needs that support the medical necessity for a gym membership. **The request for a gym membership is not medically necessary and appropriate.**

5) Regarding the request for TENS pad :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 114-121, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 114, which is part of the MTUS.

Rationale for the Decision:

The requested TENS is not medically necessary as per the MTUS Chronic Pain Guidelines. It is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There is no documentation indicating that the employee is part of such a rehabilitation program. There is no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. **The request for TENS pad is not medically necessary and appropriate.**

6) Regarding the request forretro: Viagra 100MG :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

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 Medscape Internal Medicine; Treatment of Erectile Dysfunction 2012, which is not part of the MTUS

Rationale for the Decision:

There is no documentation provided necessitating the requested medication, Viagra. There is no documentation of any details regarding the employee's condition of erectile dysfunction or any relation to prescribed medication. There is no documentation indicating that the employee's erectile dysfunction condition is related to the injury. The requested medication is not medically necessary. **The request for Retro: Viagra 100mg is not medically necessary and appropriate**

7) Regarding the request for retro: Flexeril 7.5MG :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 41, which is part of the MTUS.

Rationale for the Decision:

Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. The documentaiton indicates there are palpable muscle spasms but there is no documentaiton of functional improvement from any previous use of this medication. The employee has been treated with multiple medical therapies. Per Ca MTUS Chronic Pain Guidelines muscle relxants are not considered any more effective than nonsteroidal anti-inflmmatory medications alone. Based on the currently available information, the medical necessity for this muscle relxant medication has not been established. **The request for Flexeril 7.5mg is not medically necessary and appropriate.**

8) Regarding the request for Prilosec 20MG :

The Medical Treatment Guidelines 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, GI Symptoms & Cardiovascular Risk, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk, page 68, which is part of the MTUS.

Rationale for the Decision:

Per MTUS Chronic Pain Guidelines, proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the employee has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Prilosec has not been established. **The request for Prilosec 20mg is not medically necessary and appropriate.**

9) Regarding the request for retro: TENS pad :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 114-121, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 114, which is part of the MTUS.

Rationale for the Decision:

The requested TENS is not medically necessary as per the MTUS Chronic Pain Guidelines. It is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There is no documentation indicating that the employee is part of such a rehabilitation program. There is no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. **The request for TENS pad is not medically necessary and appropriate.**

10) Regarding the request for retro: one (1) trigger point injection :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, page 122, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 114, which is part of the MTUS.

Rationale for the Decision:

There is no documentation provided necessitating the requested trigger point injections. Per California MTUS Chronic Pain Guidelines, injections are indicated with specific criteria including the presence of a twitch response, which is not documented in the medical records. There is no indication that trigger point injections would prove beneficial for chronic lumbar spasm with associated radiculopathy. **The request for Retro: one (1) trigger point injection is not medically necessary and appropriate.**

11) Regarding the request for retro: Depo Medrol 80MG 0.5ml to Left Paraspinous muscles times one:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS, and ODG guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 122, which is part of the MTUS.

Rationale for the Decision:

There is no documentation provided necessitating the requested Depo Medrol injection. Per California MTUS 2009 Guidelines, injections are indicated with specific criteria including the presence of a twitch response, which is not documented in the medical records. Steroid injections are indicated in limited circumstances for acute radicular pain; however there is insufficient documentaiton of current acute radicular pain other than the employee's current diagnoses which are chronic in nature. There is no indication that a corticosteroid injection would prove beneficial for chronic lumbar spasm with radiculopathy. **The request for Retro: Depo Medrol 80mg 0.5ml to left paraspinous muscles times one 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,

Paul Manchester, MD, MPH
Medical Director

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

/bh

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.