

**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]

December 19, 2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/1/2013  
Date of Injury: 2/28/2012  
IMR Application Received: 8/8/2013  
MAXIMUS Case Number: CM13-0008582

Dear Mr./Ms. [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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 Y, F with a date of injury of 2/28/2012. The patient's diagnoses include: lumbar spine disc protrusions, lumbar radiculopathy, cervical spine sprain/strain, right shoulder sprain/strain, left upper extremity radiculopathy, right knee internal derangement, myospasms, and cervical spine multilevel disc bulges. The utilization review letter dated 7/7/13 by [REDACTED] noted that the progress report dated 9/19/12 by Dr. [REDACTED], MD indicated that the patient had tenderness to palpation with spasms of paraspinal muscles and limited range of motion of lumbar spine secondary to pain with decreased sensation of bilateral lateral thighs. Treatment to date consisted of but not limited to chiropractic, acupuncture, medication and home exercises. The provider submitted a retrospective request on 8/15/12 for 60 Baclofen 20 mg; 60 Naproxen 550mg; and 60 Omeprazole 20 mg delayed release.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Retrospective Baclofen 20mg #60 for DOS 8/15/2012 is medically necessary and appropriate.**

The Claims Administrator based its decision on the 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, Muscle relaxants (for pain), pg. 63, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The progress report dated 8/15/12 by Dr. [REDACTED] did not contain the employee's present complaints. Exam findings included lumbar spine tenderness with paraspinal muscle spasm,

decreased ROM due to pain. decreased sensation to bilateral thighs. Right shoulder tenderness of AC joint and tenderness with spasms of the right upper trapezius muscle. Positive crepitus of right shoulder. Right wrist tenderness. Limited ROM of the right hip due to pain and tenderness of the greater trochanter. Tenderness, positive McMurray's, and Crepitus is noted on bilateral knees. The provider requested diagnostic studies, orthopedic consult, PT, acupuncture, and prescribed medications including: Baclofen 20 mg # 60, Naproxen 550 mg #60, and Omeprazole 20 mg # 60. The progress report dated 10/3/12 by Dr. [REDACTED] noted that the employee complained of worsening LBP with worsening radiation, numbness, tingling, and cramping going down her legs. The employee also complained of increasing neck pain with radiation into the scalp and down the left arm and increasing right shoulder pain. The employee stated that the pain was somewhat controlled with medication. MTUS page 63 recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The employee does appear to have chronic pain and was also prescribed an anti-inflammatory medication which is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume (MTUS pg. 22). The medical records do not indicate that the employee has been on muscle relaxant medication for long term use. **The request for retrospective Baclofen 20mg #60 for DOS 8/15/2012 is medically necessary and appropriate.**

**2. Retrospective Naproxen 550mg #60 for DOS 8/15/2012 is 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, Anti-inflammatory medications (chronic pain), pg. 22, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS page 63 recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The employee does appear to have chronic pain and was also prescribed an anti-inflammatory medication which is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume (MTUS pg. 22). The medical records do not indicate that the employee has been on muscle relaxant medication for long term use. **The request for retrospective Naproxen 550mg #60 for DOS 8/15/2012 is medically necessary and appropriate.**

**3. Retrospective Omeprazole 20mg DR #60 for DOS 8/15/2012 is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 69, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the retrospective request for Omeprazole 20 mg #60. MTUS page 69 supports the use of H2-receptor antagonists or a PPI to treat dyspepsia secondary to NSAID therapy. However the medical records do not indicate that the employee has dyspepsia or any other risk factors for

gastrointestinal events such as; age over 65, history of peptic ulcer, GI bleeding or perforation.  
**The request for retrospective Omeprazole 20mg DR #60 for DOS 8/15/2012 is not medically necessary and appropriate.**

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]

CM13-0008582