

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter (Corrected)

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

Dated: 1/8/2014

Original Mailed: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 5/8/2008
IMR Application Received: 8/9/2013
MAXIMUS Case Number: CM13-0009265

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: 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida 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 54-year-old male with a date of occupational injury of 05/08/2008. The patient's diagnoses include cervical disc syndrome with bilateral upper extremity radiculitis, rotator cuff rupture, low back syndrome with bilateral lower extremity radiculitis and lumbar spine spondylosis. Most recent documentation from 06/11/2013 indicates the patient presents with complaints of low back pain rated an 8-9/10 that radiates into bilateral legs. Objective documentation that day revealed a positive Valsalva test, Kemp's test and straight leg raising test to supine position bilaterally. The patient also had limited lumbar spine range of motion secondary to lumbosacral pain and spasm. The patient's motor strength is 4/5 bilaterally. Previous treatment includes 6 epidural steroid injections to the lumbar spine and oral medications with requests for refills of Flexeril, Theramine and omeprazole.

IMR DECISION(S) AND RATIONALE(S)

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

1. Unknown prescription of Flexeril is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Flexeril, pgs. 41-42,,

The Physician Reviewer's decision rationale:

The California MTUS indicates that Flexeril is recommended as an option using only a short course of therapy. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief and is associated with a number needed to treat of 3 at 2 weeks for symptom improvement of low back pain. While the patient presents with

complaints of low back pain rated an 8-9/10 that radiates into bilateral legs and a positive Valsalva test, Kemp's test and straight leg raising test to supine position bilaterally the California MTUS only supports the use of Flexeril for short treatment durations. Given that the documentation indicates that the patient has been using this medication for greater than three months the ongoing use of Flexeril cannot be supported and is therefore non-certified.

2. Unknown prescription of Theramine is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Pain (Chronic).

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Pain Chapter, Theramine

The Physician Reviewer's decision rationale:

The California MTUS/ACOEM does not address the use of Theramine. Therefore, Official Disability Guidelines were consulted and indicate that Theramine is a medical food that is a proprietary blend of gamma-aminobutyric acid and choline bitartrate, L-arginine and L-serine. Theramine is intended for use in management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. However, the Official Disability Guidelines indicate that Theramine is not recommended until there are higher quality studies of the ingredients that support its use. While the most recent documentation from 06/11/2013 does indicate that the patient has ongoing complaints of lower back pain rated at an 8/10 to 9/10 that radiates to the bilateral lower extremities, the use of Theramine cannot be certified due to a lack of support by the Official Disability Guidelines at this time. As such, this request is non-certified

3. Omeprazole 20mg, #60 is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009).

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Omeprazole, pgs. 68-69.

The Physician Reviewer's decision rationale:

California MTUS Guidelines recommend proceeding with proton pump inhibitors if the patient is at risk for gastrointestinal events and does not have cardiovascular disease. Patients who are at risk for gastrointestinal events include the following: (1) Age 65 or older; (2) Those that have a history of peptic ulcer/Gastrointestinal bleeding or perforations; (4) Simultaneous use of aspirin and/or corticosteroids, and/or anticoagulant and (5) the use of high dose NSAIDs in combination with low dose aspirin. According to the documentation submitted for review on 06/03/2013, there is evidence to suggest the patient is at risk for gastrointestinal events including bleeding, perforation, or peptic ulcer. The patient reported gastrointestinal symptoms including abdominal pain with acid reflux, diarrhea, constipation and bright red blood per rectum. Documentation indicates the patient is in the process of being evaluated for his gastrointestinal complaints; however, a definitive diagnosis had not yet been made. Based on this information, the continued use of omeprazole 20 mg is appropriate and therefore this request is certified. Please note that this review is not a reversal of the prior UR decision as the previous review for omeprazole, while listed on the utilization review cover sheet as non-certified, actually indicates that the continued use is, in fact, necessary and certified.

4. Follow-up consult with orthopedic specialist is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines (2004), Chapter 12, Low Back Complaints, pg. 288.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12, pg. 306.

The Physician Reviewer's decision rationale:

California MTUS/ACOEM indicates that a referral for orthopedic/surgical consultation is indicated for patients who present with the following: (1) Severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging; (2) Preferably with accompanying objective signs of neural compromise; (3) Activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; (4) Clear clinical imaging and electrodiagnostic evidence of a lesion that has shown to benefit in both short and long term from surgical repair and (5) Failure of conservative treatment to resolve disabling radicular symptoms. According to the documentation presented for review from 06/2013, the patient does have diagnosis of low back syndrome with bilateral lower extremity radiating pain of an unknown distribution pattern. Objective documentation included 4/5 motor strength at the lower extremities bilaterally and pain with all active range of motion. There is a lack of documentation providing evidence of sensory disturbance in a specific dermatome or evidence of decreased deep tendon reflexes. In addition, there is evidence that the EMG/NCS of the lower extremities revealed no abnormal findings. Based on the lack of clinical and diagnostic evidence of a lesion, proceeding with surgery is not indicated at this time. As such, the request for a follow-up consultation with an orthopedic specialist regarding lumbar spine surgery cannot be supported and is therefore not certified

5. Follow-up visit with Internal Medicine specialist is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Pain (Chronic).

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 5, page pages 89-92, which is part of the MTUS and Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

The Physician Reviewer's decision rationale

The California MTUS/ACOEM indicates that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Furthermore, the Official Disability Guidelines indicate that the need for a clinical office visit with a healthcare provider is individualized based upon review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. According to the documentation presented for review, the patient is currently being evaluated for gastrointestinal complaints with evidence of additional testing being recommended to rule out pathology. With the patient's longstanding history of chronic opioid use, as well as use of other long term medications, combined with the patient's recent concerns, signs and symptoms, the physician judgment is deemed reasonable and the request for an internal medicine specialist in terms of follow-up for gastrointestinal work up is supported. As such, this request is certified. Please note that this is not a reversal of the prior UR decision. While it was previously indicated on the

utilization review cover sheet as non-certified, the actual report indicates that follow-up with an internal medicine specialist is, in fact, necessary and this request was previously certified.

6. Unknown prescription of pain patches is not medically necessary and appropriate.

The Claims Administrator based its decision on the No guidelines were cited by the Claims Administrator.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Topical Analgesics, pg. 111.

The Physician Reviewer's decision rationale:

The California MTUS indicates that topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. According to the documentation presented from 06/2013, the patient does have ongoing complaints of low back pain with radicular symptoms. While the California MTUS does support the use of some topical analgesics in certain patients, the request as submitted was simply for pain patches. Without further information indicating the specific drug name, dosing and quantity, as well as, directions for use the request for unknown prescription of pain patches cannot be supported and is therefore non-certified.

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]

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