

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]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 7/30/2004
IMR Application Received: 9/9/2013
MAXIMUS Case Number: CM13-0009295

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 Anesthesiology and Pain Medicine and is licensed to practice in California and 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 53-year-old female who reported an injury on 07/03/2004 and the mechanism of injury was not stated. Diagnoses include HNP at L5-S1 with severe stenosis, degenerative disc disease of the lumbar spine, lumbar radiculopathy, neck pain, and left knee arthralgia. The patient complained of ongoing low back pain and left lower extremity complaints with persistent pain and numbness that radiates down her left leg into her foot, as well as left knee pain which she rated 6/10 and neck pain, as well as radiation of pain down her left arm to her elbow. She was reported to be performing a home exercise program and going on daily walks. The patient is noted on physical exam to have a normal non-antalgic gait, tenderness to palpation over the lumbar spine left greater than right, and range of motion of the lumbar spine decreased in all planes with increased pain on extension, decreased sensation in the left L4, L5, and S1 dermatomes and decreased motor strength bilaterally. The patient is reported to have undergone an MRI on 04/18/2012 of the lumbar spine which noted findings of degenerative disc disease and retrolisthesis at L4-5 with moderate canal stenosis present and severe bilateral neural foraminal narrowing contacting the exiting L5 nerve roots with facet arthropathy at L5-S1. The patient was being seen by Dr. [REDACTED] for medication management. She reported pain in her neck, left shoulder, and she was noted to be currently taking tramadol 50 mg 1 to 2 per day and omeprazole 20 mg 1 per day. She was reported to have stopped taking her ketoprofen 75 mg because she felt her blood pressure was increasing and was advised by her PCP to stop the medication. She also reported she no longer experienced dizziness with the tramadol. She was noted to be only taking 1 tramadol which she reported decreased her pain level. She was reported to complain of stomach pain, nausea, and noted if she took 2 tramadol it was too strong and caused dizziness; however, if she took 1 she had no side effects

IMR DECISION(S) AND RATIONALE(S)

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

- 1. Tramadol 50 mg, #60 with 2 refills is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids Criteria For Use Section, page 78 and Opioids for Chronic Pain Section, page 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee reported an injury on 07/30/2004 and continues to be treated for ongoing low back pain and left lower extremity complaints with persistent pain and numbness radiating down her left leg into her foot, as well as left knee pain. The employee also complains of neck pain with radiation of pain down her left onto her elbow. The employee is noted to perform a home exercise program and goes on daily walks. The employee was noted on physical exam to have a normal non-antalgic gait, tenderness to palpation of the lumbar spine left greater than right, decreased range of motion of the lumbar spine in all planes with increased pain on extension, and decreased sensation in the left L4, L5, and S1 dermatome. The employee is noted to have decreased strength of the left lower extremity and to have mildly decreased strength at the right lower extremity. The employee is noted to have positive straight leg raise on the left and a positive slump test on the left. The employee is noted on 06/17/2013 to be only taking tramadol and is noted to complain of stomach pain, nausea, swollen ankle and legs on occasion, and frequent headaches. The employee reported current pain at that time of the low back and legs was 6/10 and pain of the arm and neck was 4/10. The employee reported her average daily pain was 6/10 of the low back and 4/10 of the neck and arm. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and notes the pain assessment should not only include current pain, but should also include least reported pain over the period of time since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts and notes satisfactory response to treatment may be indicated by the employee's decreased pain, increased level of function, or improved quality of life. They note there should also be ongoing evaluation and documentation of adverse side effects and possible aberrant behaviors. California MTUS Guidelines also do not recommend the use of opioids for chronic neuropathic pain unless the patient has not responded to first-line recommendations such as antidepressants or anticonvulsants and indicates the use of opioids for chronic back pain appears to be effective for short-term pain relief and there is no indication of long-term efficacy, but it appeared to be limited. It notes failure to respond to a time limited course of opioids has lead to the suggestion or reassessment and consideration of alternative therapy. The employee is noted to have been prescribed tramadol for a prolonged period of time for treatment of her low back pain, left leg pain, and neck pain. There is no indication the employee has had decreased pain with use of the tramadol, has improved function, or improved quality of life. In addition, the patient is not noted to have been assessed for possible aberrant drug-taking behaviors and guidelines do not recommend long-term use of opioids for chronic pain.

2. Prilosec 20 mg, #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, GI Symptoms & Cardiovascular Risk Section, pages 68-69, which is part of the MTUS..

The Physician Reviewer's decision rationale:

The employee is a 53-year-old female who reported an injury on 07/30/2004. The employee is noted to complain of ongoing low back pain and left lower extremity pain with pain and numbness that radiates down her left leg into her foot, as well as left knee pain. The employee is also reported to have neck pain, as well as radiation of pain down her left arm and elbow. The employee is noted on 03/20/2013 to have discontinued ketoprofen 75 mg because the employee felt blood pressure increased and was advised by her PCP to stop the medication. The employee is reported to continue to complain of stomach pain and nausea despite no longer receiving ketoprofen. The California MTUS guidelines recommend the use of H2-receptor antagonists or a PPI for treatment of dyspepsia secondary to NSAID therapy. As the employee is no longer taking an NSAID, and does not reported heartburn, indigestion or GERD, the use of Prilosec does not meet guidelines recommendations. **The request for Prilosec 20 mg, #30 is not medically necessary and appropriate.**

/jr

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.

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[REDACTED]
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