

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

3030

[Redacted]

Dated: 12/30/2013

IMR Case Number:	CM13-0023328	Date of Injury:	02/06/2009
Claims Number:	[Redacted]	UR Denial Date:	09/05/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[Redacted]		
Provider Name:	[Redacted] MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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 PM&R, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 51-year-old male who reported an injury on 02/06/2009 with a mechanism of injury being the patient sat a heavy countertop on his head to negotiate through a door and started to have neck pain. The patient was noted to ambulate with a walker, have decreased sensation in L5 and S1 dermatomes bilaterally, and have spasm and tenderness over the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. The patient's diagnoses were stated to be 847.2 sprains and strains of the lumbar neck region and 847.0 sprains and strains of the neck. The request was made for 1 functional capacity evaluation, 1 EMG/NCV of the bilateral lower extremities, 1 CT scan of the lumbar spine, Ambien 5 mg #30, baclofen cream 60 gm #3, Docuprene 100 mg #100, Medrox patch #30, Neurontin 300 mg #100, Norco 10/325 mg #30, Norflex 100 mg #100, and Prilosec 20 mg #90.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 functional capacity evaluation is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter

5) pages 89-92, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines address FCE; however, do not address criteria for performing an FCE. Per the Official Disability Guidelines, consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reports, injuries that require detailed exploration of the worker's abilities, and timing is appropriate if the patient is close to or at MMI and additionally secondary conditions have been clarified. Per the documentation of 09/13/2013, the physician stated that the Functional Capacity Evaluation was being requested since the patient was nearing MMI and the evaluation was being requested in order to provide the patient with permanent work restrictions and assess the patient's abilities so he could return to the open labor market. The clinical documentation submitted for review failed to provide the patient had prior unsuccessful return to work attempts and failed to provide the patient had conflicting medical reports on precautions and/or fitness for a modified job. Given the above, the request for a Functional Capacity Evaluation is not medically necessary.

2. EMG/NCV is not medically necessary and appropriate.

The Claims Administrator based its decision on the: Not clear from the UR determination

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 303-305, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines indicate that electromyography may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks. The patient was noted to have undergone a Posterior transforaminal arthrodesis of L4-S1 and a right hemilaminectomy of L4-S1, left hemilaminectomy of the inferior and superior lamina of L4 and L5, a radical dissection of L4-S1. A partial colpectomy of the inferior and superior endplates of L4-L5, a bone graft and placement of an intervertebral device L4-L5 along with a cage and pedicle screws on 03/08/2011. As per the note dated 07/12/2012, the patient had complaints of lower back pain with bilateral lower extremity pain and associated numbness, tingling and weakness 03/29/2012. The clinical documentation submitted for review indicated on the date of 04/18/2013 that the patient had spasms and tenderness observed in the paravertebral muscles of the lumbar spine, decreased range of motion on flexion and extension, and decreased sensation in L5 and S1 dermatomal distributions. The examination dated 07/18/2013 revealed the same. The clinical documentation submitted for review failed to provide this is a change for the patient and failed to provide whether there had been other electrodiagnostic testing for the lower extremities and other therapies or testing that had been done in relation to the patient's complaints as they were noted in supplied documentation as early as 03/29/2012. CA MTUS/ACOEM Guidelines do not address

nerve conduction studies. The Official Disability Guidelines indicate that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. Additionally, it failed to provide a justification for performing nerve conduction studies. While it was noted that the physician would like electrodiagnostic studies of the lower extremities to rule out peripheral nerve entrapment disorder, there was a lack of documentation in the supplied documentation, that indicated the treatment for the complaints and findings thus far. Given the above, the request for EMG and NCS is not medically necessary.

3. CT scan of the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 303-305, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines indicate that special studies and diagnostic treatment considerations including CTs for bony structures are to be performed when there are unequivocal objective findings that identify specific nerve compromise on neurologic examination. The clinical documentation submitted for review indicated the patient was approved for a CT scan on 06/23/2011. Additionally, as per the note of 09/13/2013 the CT scan was being requested to assess the placement of pedicle screws and to rule out pseudarthrosis. Per the subsequent note of 09/19/2013, the patient had an x-ray of the cervical spine, which revealed the patient had the presence of the pedicle screws and the physician had a reduced suspicion for the presence of pseudarthrosis. The documentation failed to indicate the necessity and exceptional factors as the patient had the x-ray on 09/19/2013 that indicated the presence of the pedicle screws and per the physician a reduced suspicion for the presence of pseudoarthrosis. Given the above, and the lack of exceptional factors to warrant an additional CT scan, the CT scan is not medically necessary.

4. Ambien 5mg #30 is not 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 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 the Official Disability Guidelines (ODG), Pain Chapter, Ambien (Zolpidem), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines do not address Ambien. The Official Disability Guidelines indicate that Ambien is for short-term use, which is approximately 2 to 6 weeks for the treatment of insomnia. The clinical documentation submitted for review indicated the physician had refilled the patient's medications with each visit; however, the specific medications were not provided. Additionally, clinical documentation submitted for review failed to provide the efficacy of the medication and failed to provide the necessity for long-term use of the medication. Given the above, the request for Ambien 5 mg #30 is not medically necessary.

5. Baclofen cream 60gm #3 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Management of Opioid Therapy for Chronic Pain Working Group, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Baclofen, page 113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines do not recommend topical baclofen as there is no peer-reviewed literature to support the use. The clinical documentation submitted for review indicated the patient's medications had been refilled with successive visits; however, it failed to provide the efficacy of the requested medication and failed to provide exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for baclofen cream 60 gm #3 is not medically necessary.

6. Docuprene 100mg #100 is not medically necessary and appropriate.

The Claims Administrator based its decision on the: Not clear from the UR determination

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Initiating Therapy, page 77, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines indicate that constipation should be treated prophylactically for patients beginning opioid therapy. The clinical documentation submitted for review failed to include documentation of signs and symptoms of constipation to necessitate the requested medication and it failed to provide the efficacy of the requested medication. Given the above, the request for Docuprene 100 mg #100 is not medically necessary.

7. Medrox patch #30 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, Topical Analgesics, page 111, Capsaicin, page 112, and Topical Salicylates, page 105, which are part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS does not specifically address Medrox, however, the CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary.

8. Neurontin 300mg #100 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, AEDS, page 16, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines indicate that Neurontin is utilized for neuropathic pain. The clinical documentation submitted for review indicated that the patient had spasms and tenderness in the paravertebral muscles of the lumbar spine and decreased range of motion, and indicated that the physician was refilling the patient's medications. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Given the above, the request for Neurontin 300 mg #100 is not medically necessary.

9. Norco 10/325mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Norco, Short acting opioids, page 75, On-going Management, page 78, which are part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines indicate that Norco is for intermittent or breakthrough pain. Additionally, it states that there should be documentation of the 4 domains that have been proposed as most relevant for ongoing management and those include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review failed to provide documentation of the

patient's analgesia before and after the medication. Additionally, it failed to provide the patient's increased activities of daily living, failed to provide the patient's side effects for the medication, and failed to provide whether the patient had aberrant drug taking behaviors. Given the above and the lack of documentation, the request for Norco 10/325 mg #30 is not medically necessary.

10. Norflex 100mg #100 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (OSG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), Antispasticity Drugs, page 64 which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines recommend Norflex as an anti-spasmodic and clinical documentation submitted for review indicated the patient upon examination had spasms and tenderness in the paravertebral muscles. Clinical documentation, however failed to provide the efficacy of the medication. Given the above, the request for Norflex 100 mg #100 is not medically necessary.

11. Prilosec 20mg #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, page 68, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines recommend treatment of dyspepsia secondary to NSAID therapy with a PPI. The clinical documentation submitted for review indicated the patient's medications were being refilled. Clinical documentation failed to include documentation of signs and symptoms of dyspepsia and it failed to provide the efficacy of the requested medication. Given the above, the request for Prilosec 20 mg #90 is not medically necessary.

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]

CM13-0023328