MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

Dated: 3/31/2014

IMR Case Number:	CM13-0066442	**Date of Injury:**	04/21/2004
Claims Number:	200404178290001	**UR Denial Date:**	11/27/2013
Priority:	STANDARD	**Application Received:**	12/16/2013
Employee Name:			
Provider Name:			
Treatment(s) in Dispute Listed on IMR Application:			
MEDS: DICLOFENAC SODUIUM 100MG#60, DIAZEPAM 10MG#60, CYCLOBENZAPRINE #60, OMEPRAZOLE 20MG#60, FLUBIPROFEN 205%, 30GM CYCLOBENZAPRINE 10%, TRAMADOL 10% TOPICAL CREAMS			

DEAR SHERRY E GRANT,

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, SEDGWICK CLAIMS MANAGEMENT SERVICES INC (SEDGWICK)

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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from:
  - ☒ Claims Administrator
  - ☐ Employee/employee representative
  - ☐ Provider
- Medical Treatment Utilization Schedule (MTUS)

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, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old female with a 4/21/04 date of injury. At the time of request for authorization for Diclofenac Sodium 100mg #60, prescription of Diazepam 10mg #60, prescription of Cyclobenzaprine #60, prescription of Omeprazole 20mg #60, and prescription of Flurbiprofen 25%, 30gm Cyclobenzaprine 10%, Tramadol 10% topical creams, there is documentation of subjective (low back pain, right knee pain, and right ankle pain with numbness and tingling radiating down to the right foot) and objective (decreased lumbar range of motion, tenderness of the lumbar spine with spasm, decreased sensation at the dorsal right foot, positive straight leg raise, decreased right knee range of motion with effusion and tenderness, and tenderness of the right ankle/foot with limitation of motion and effusion) findings, current diagnoses (lumbosacral spine spondylosis and right knee internal derangement), and treatment to date (Diclofenac, Cyclobenzaprine, Omeprazole, Diazepam, and compound cream since at least 12/7/12). Regarding the requested Diclofenac Sodium 100mg #60, there is no documentation of functional improvement with the use of Diclofenac. Regarding the requested Diazepam 10mg #60, there is no documentation of short-term use and functional improvement with the use of Diazepam. Regarding the requested prescription of Cyclobenzaprine #60, there is no documentation of acute muscle spasms, the intention to treat over a short course (less than two weeks), and functional improvement with the use of Cyclobenzaprine. Regarding the requested prescription of Omeprazole 20mg #60, there is no

documentation of risk for gastrointestinal events and functional improvement with the use of Omeprazole.

IMR DECISION(S) AND RATIONALE(S)

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

1. Diclofenac Sodium 100mg #60 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 67-68

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of relief of the signs and symptoms of osteoarthritis, chronic low back pain, and acute exacerbations of chronic pain as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spine spondylosis and right knee internal derangement. In addition, there is documentation of pain. However, despite documentation of ongoing treatment with Diclofenac since at least 12/7/12, there is no documentation of functional improvement with the use of Diclofenac. Therefore, based on guidelines and a review of the evidence, the request for prescription of Diclofenac Sodium 100mg #60 is not medically necessary.

2. Diazepam 10mg #60 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Benzodiazepines, page 24.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term use. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spine spondylosis and right knee internal derangement. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Diazepam since at least 12/7/12, there is no documentation of short-term use. In addition, there is no documentation of functional improvement with the use of Diazepam. Therefore, based on guidelines and a review of the evidence, the request for prescription of Diazepam 10mg #60 is not medically necessary.

3. Cyclobenzaprine #60 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Cyclobenzaprine (Flexeril), page 41-42 and Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spine spondylosis and right knee internal derangement. In addition, there is documentation of muscle spasms. However, there is no documentation of acute muscle spasms. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 12/7/12, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional improvement with the use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the request for prescription of Cyclobenzaprine #60 is not medically necessary.

4. Omeprazole 20mg #60 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pages 68-69 and the Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spine spondylosis and right knee internal derangement. In addition, there is documentation that the patient is utilizing chronic NSAID therapy. However, there is no documentation of risk for gastrointestinal events. In addition, despite documentation of ongoing treatment with Omeprazole since at least 12/7/12, there is no documentation of functional improvement with the use of Omeprazole. Therefore, based on guidelines and a review of the evidence, the request for prescription of Omeprazole 20mg #60 is not medically necessary.

5. Flurbiprofen 25%, 30gm Cyclobenzaprine 10%, Tramadol 10% topical creams is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Topical Analgesics, pages 111-113.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spine spondylosis and right knee internal derangement. In addition, the requested topical cream contains at least one drug (Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for prescription of Flurbiprofen 25%, 30gm Cyclobenzaprine 10%, Tramadol 10% topical creams is not medically necessary.