

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for 60 Ondansetron 8 mg for date of service 3/25/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for 120 Omeprazole 20 mg for date of service 3/25/13 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for 2 prescriptions of Medrox ointment 120 gm for date of service 3/25/13 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/16/2013 disputing the Utilization Review Denial dated 4/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for 60 ondansetron 8 mg for date of service 3/25/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for 120 omeprazole 20 mg for date of service 3/25/13 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for 2 prescriptions of Medrox ointment 120 gm for date of service 3/25/13 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 Expert 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 26, 2013

"The patient is a 48 year old male with a date of injury of 1/10/2013. The patient is being treated for subjective complaints of right upper thigh numbness with tightness, soreness, and pain in right low back; loosening his gun belt caused numbness to dissipate; currently dull moderate pain in low back, worse on right; aggravated by bending, twisting pushing, pulling, standing greater than 5-30 minutes, and walking multiple blocks; dull ache and soreness radiating to right lower extremity; appears to be right L4-5 roots and dermatome; some paresthesias and numbness in right quad and lateral thigh. The diagnosis was lumbar discopathy."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 5/16/13)
- Utilization Review Determination from [REDACTED] (dated 4/26/13)
- Utilization Review Determination from [REDACTED] (dated (4/24/13)
- Employee medical records from [REDACTED], DO (dated 1/24/13)
- Employee medical records from [REDACTED], DO (dated 3/25/13)
- Editorial Board Palliative Care: Practice Guidelines. Nausea and vomiting. Utrecht, The Netherlands: Association of Comprehensive Cancer Centres (ACCC); (2006), pg.28
- Chronic Pain Medical Treatment Guidelines (2009), pg. 68-69, 105, 112-113

1) Regarding the retrospective request for 60 ondansetron 8 mg for date of service 3/25/13:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator stated that neither the Medical Treatment Utilization Schedule (MTUS) nor any Medical Treatment Guidelines (MTGs) were relevant and applicable to the employee's circumstance and based its decision on the Editorial Board of Palliative Care: Practice Guidelines. Nausea and vomiting. Utrecht, The Netherlands: Association of Comprehensive Cancer Centres (ACCC); (2006). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer recognized the guideline referenced by the Claims Administrator was not part of the MTUS, and was unable to find other evidence-based medical treatment guidelines that are recognized generally by the national medical community and scientifically based, that apply to the requested treatment. Based on the Strength of Evidence hierarchy provided by the California Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Federal Drug Administration's information about the medication as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee has low back pain associated with an industrial injury of 1/10/13. The medical records provided and reviewed indicate the employee has been treated with analgesic medication and has returned to regular duty work. The medical record of 3/25/13 indicates the employee has low back pain radiating to the right lower extremity, painful range of motion with numbness about the right lower extremity, and a history of gastroesophageal reflux disease (GERD). Ondansetron is recommended for short-term management of chemotherapy-induced nausea. There is no evidence from the medical records provided to indicate the employee meets the criteria for the use of this medication. The

retrospective request for 60 tablets of ondansetron, 8 mg, **is not medically necessary and appropriate.**

2) Regarding the retrospective request for 120 omeprazole 20 mg for date of service 3/25/13:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee has low back pain associated with an industrial injury of 1/10/13. The medical records provided and reviewed indicate the employee has been treated with analgesic medication and has returned to regular duty work. The medical record of 3/25/13 indicates the employee has low back pain radiating to the right lower extremity, painful range of motion with numbness about the right lower extremity, and a history of gastroesophageal reflux disease (GERD). The Chronic Pain Medical Treatment Guidelines indicate furnishing a proton-pump inhibitor such as omeprazole is indicated for individuals with a confirmed history of GERD. The medical records provided and reviewed indicate the employee meets the criteria for treatment with omeprazole. The retrospective request for 120 omeprazole, 20 mg, for date of service 3/25/13 **is medically necessary and appropriate.**

3) Regarding the retrospective request for 2 prescriptions of Medrox ointment, 120 gm, for date of service 3/25/13:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and in addition, referenced ACOEM Practice Guidelines

Rationale for the Decision:

The employee has low back pain associated with an industrial injury of 1/10/13. The medical records provided and reviewed indicate the employee has been treated with analgesic medication and has returned to regular duty work. The medical record of 3/25/13 indicates the employee has low back pain radiating to the right lower extremity, painful range of motion with numbness about the right lower extremity, and a history of gastroesophageal reflux disease (GERD). The Chronic Pain Medical Treatment Guidelines indicate that topical agents and topical compounds are largely experimental. ACOEM lists oral pharmaceuticals as the most appropriate first-line pain control measure. The medical records provided and reviewed do not indicate failure of oral analgesics for first-line pain control. One of the ingredients in the requested topical compound, capsaicin, is not recommended or endorsed except as a last resort. The retrospective request for 2 prescriptions of Medrox ointment, 120 gm, for date of service 3/25/13 **is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.