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

Notice of Independent Medical Review Determination

Dated: 12/12/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/1/2013
Date of Injury:	10/26/2011
IMR Application Received:	8/20/2013
MAXIMUS Case Number:	CM13-0014161

1) MAXIMUS Federal Services, Inc. has determined the request for Pantoprazole Sodium DR (Protonix) #60 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 300 mg caps #60 **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for Exoten-C (Xoten-C) 120 ml #1 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium (Anaprox) 550 mg #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/20/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. 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 request for Pantoprazole Sodium DR (Protonix) #60 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Gabapentin 300 mg caps #60 **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for Exoten-C (Xoten-C) 120 ml #1 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium (Anaprox) 550 mg #60 **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 Anesthesiology, has a subspecialty in Pain 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.

Expert Reviewer Case Summary:
The patient is a 28-year-old male who reported injury on 10/26/2011 with the mechanism of injury stated as: the patient was lifting and carrying plates of food while bending forward at waist level, when he developed low back pain shooting into the right buttock. The patient was noted to have pain in the lumbar spine and to have had physical therapy and trigger point injections. The diagnoses were stated to include lumbar spine pain with radiculopathy. Treatment plan was noted to include pantoprazole sodium DR, Gabapentin 300 mg, Exoten-C (Xoten-C) 120 mL, and naproxen sodium 550 mg.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from Claims Administrator

1) **Regarding the request for** Pantoprazole Sodium DR (Protonix) #60 **:**

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: NSAIDs, pages 68-69, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), NSAID Therapy, pages 68-69, which is part of MTUS.

Rationale for the Decision:
The California MTUS guidelines recommend a proton pump inhibitor (PPI), including pantoprazole, for treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. According to the medical records dated 08/08/2013, the employee had pain rated 7/10 (with 10 being the most severe). The lumbar spine examination revealed the employee had an antalgic gait; however, the rest of the objective findings were illegible. The clinical documentation submitted for review failed to indicate that the employee had signs or symptoms of dyspepsia. Additionally, the documentation failed to provide evidence of the efficacy of the requested medication. **The request for Pantoprazole Sodium DR (Protonix) #60 is not medically necessary and appropriate.**

2) **Regarding the request for** Gabapentin 300 mg caps #60**:**

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: Gabapentin, pages 18-19, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Anti-Epilepsy Drugs (AEDs), page 16 and Weaning, page 19, which is part of MTUS.

Rationale for the Decision:
The California MTUS guidelines recommend anti-epilepsy drugs for neuropathic pain due to nerve damage. According to the medical records dated 08/08/2013, the employee had pain rated 7/10 (with 10 being the most severe). The lumbar spine examination revealed the employee had an antalgic gait; however, the rest of the objective findings were illegible. The clinical documentation submitted for review failed to indicate that the employee had a recent thorough physical examination with objective findings indicative of neuropathic pain. Additionally, it failed to provide evidence of exceptional factors to warrant nonadherence to guideline recommendations. **The request for Gabapentin 300 mg caps #60 is not medically necessary and appropriate.**

3) **Regarding the request for** Exoten-C (Xoten-C) 120 ml #1**:**

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: Topical Analgesics, pages 105, 111-113, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Topical Analgesics, page 111, Topical Salicylate, page 105, Capsaicin, Menthol Salicylate, Menthol Capsaicin, page 112, which is part of MTUS.

Rationale for the Decision:
The California MTUS guidelines recommend topical analgesics as a treatment when trials of antidepressants and anticonvulsants have failed. Additionally, the guidelines recommend topical salicylates for chronic pain. Further, the guidelines recommend Capsaicin as an option in patients who have not responded or are intolerant to other treatments. According to the medical records dated 08/08/2013, the employee had pain rated 7/10 (with 10 being the most severe). The lumbar spine examination revealed the employee had an antalgic gait; however, the rest of the objective findings were illegible. The clinical documentation submitted for review failed to indicate that the employee had not responded or was intolerant to other treatments. The clinical documentation submitted for review also failed to provide evidence that the employee had a trial of antidepressants and anticonvulsants and failed to provide evidence of the efficacy of the requested medication. **The request for Exoten-C (Xoten-C) 120 ml #1 is not medically necessary and appropriate.**

4) **Regarding the request for** Naproxen Sodium (Anaprox) 550 mg #60**:**

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: Anaprox, page 73, which is part of MTUS.

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

Rationale for the Decision:
The California MTUS guidelines recommend Naproxen and other nonsteroidal anti-inflammatory drugs (NSAIDs) for the relief of signs and symptoms of osteoarthritis and for chronic low back pain; it is recommended as an option for short term symptomatic relief. According to the medical records dated 08/08/2013, the employee had pain rated 7/10 (with 10 being the most severe). The lumbar spine examination revealed the employee had an antalgic gait; however, the rest of the objective findings were illegible. The clinical documentation submitted for review failed to provide evidence of the efficacy of the requested medication. Additionally, it failed to provide evidence of the

duration of the employee's use of Naproxen. **The request for Naproxen Sodium (Anaprox) 550 mg #60 is not medically necessary and 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,

Paul Manchester, MD, MPH
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.