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

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **12/5/2013**

Employee:	
Claim Number:	
Date of UR Decision:	8/13/2013
Date of Injury:	9/22/1999
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017789

1) MAXIMUS Federal Services, Inc. has determined the retrospective request for Omeprazole 20 mg is not medically **necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Naproxen 550 mg **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the retrospective request for Tramadol 50 mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 Omeprazole 20 mg is not **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Naproxen 550 mg is not **medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the retrospective request for Tramadol 50 mg 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 Internal Medicine, has a subspecialty in Rheumatology 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:
This patient is a 57 year old male with date of injury September 22, 1999. The mechanism of injury was a fall. The available provider notes state that the patient has complained of chronic lumbar spine pain, chronic left shoulder pain, chronic left elbow pain, chronic left wrist pain and intermittent right knee pain. An MRI of the lumbar spine performed in June 2013 revealed lumbar spine degenerative disc disease and radiculopathy. Surgeries documented to date have included two left elbow repairs, left shoulder repair and right knee arthroscopy. Treatment thus far has included physical therapy, corticosteroid injections of the left shoulder and left elbow, a lumbar brace, and lumbar epidural corticosteroid injections.

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:

1) **Regarding the retrospective request for** Omeprazole 20 mg **:**

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, pg. 68, which is part of the MTUS, and the Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

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

Rationale for the Decision:
The available provider medical records do not document risk factors for an adverse gastrointestinal event with the use of NSAIDS such as concomitant aspirin or oral corticosteroid use, anticoagulant use, prior peptic ulcer disease or advanced age. Per the MTUS guidelines cited above, for patients without such risk factors, concomitant use of a proton pump inhibitor such as omeprazole is not medically necessary. **The retrospective request for Omeprazole is not medically necessary and appropriate.**

2) **Regarding the retrospective request for** Naproxen 550 mg**:**

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, pg. 45, which are a part of MTUS, as well as the Official Disability Guidelines, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, pgs. 47 and 67-68, which are part of the MTUS.

Rationale for the Decision:
Per the MTUS guidelines cited above, NSAIDS should be used only in the short term because to the risk of side effects when used for more than a few weeks at a time. These possible side effects include but are not limited to hypertension, renal insufficiency, gastrointestinal lesions and distress. For the treatment of osteoarthritis of a joint, NSAIDS should be used at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is no evidence for the long term effect of improvement in a patient's pain or function. In this employee's case, the pain is chronic (greater than 10 years) and there is no documentation in the records provided for review of the employee's degree of pain or baseline function. For the treatment of chronic back pain as in this employee, NSAIDS are to be utilized as a second line agent after a trial of acetaminophen therapy and should be used only for a short period of time. There is no documentation in the available medical records of a trial of acetaminophen use prior to the request for naproxen. **The retrospective request for naproxen 550 mg is not medically necessary and appropriate.**

3) **Regarding the retrospective request for** Tramadol 50 mg**:**

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, pgs. 79-81, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, pgs. 79-81, which are part of the MTUS.

Rationale for the Decision:
Per the MTUS guidelines cited above, the use of opioids in patients with chronic low back pain should be for short-term pain relief only and are not indicated for the first line treatment of osteoarthritis of a joint. There is no documentation in the medical records submitted for review of a failed trial of acetaminophen or an NSAID trial. Furthermore, the available medical records do not document information to be obtained prior to opioid use including the employee's goals, a baseline pain and functional assessment including social, physical, psychiatric and daily work function of the employee. **The retrospective request for tramadol 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
[redacted]

/dso

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.