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**Notice of Independent Medical Review Determination**

Dated: 8/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]  
7/1/2013

4/9/2009

7/10/2013

CM13-0001113

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Relafen (750 mg) **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Prilosec (20 mg) **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 request for 1 prescription of Relafen (750 mg) **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Prilosec (20 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 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 July 1, 2013.

The patient is a 37 year old male with a date of injury of 4/9/2009. Under consideration is a prospective request for 1 request for series of three orthovisc viscosupplementation injections to the right knee and 1 single positional MRI of the left knee.

Review of submitted records indicates the patient is being treated for chronic knee pain and degenerative joint disease and is status post left knee arthroscopy x2. Per the evaluation on 5/16/13 by Dr. [REDACTED] relevant subjective findings included some improvement in left knee pain after third orthovisc injection a month ago and pain in the right knee. Relevant objective findings included slight limp on the left, bilateral knee flexion 130 degrees, bilateral medial joint line tenderness, negative medial and lateral collateral ligament tenderness, lachman's and pivot test bilaterally, varus and valgus laxity bilaterally and apprehension test bilaterally, positive right McMurray's and patella compression test bilaterally, intact sensation and motor exam intact and 4/5 knee extension and flexion. MRI of right knee on 5/6/13 indicated chondromalacia of patella, intrasubstance degeneration of medial meniscus, small ganglion cyst and some bone edema in lateral femoral condyle. MRI 5/6/13 of the left knee shows post-surgical change in medial meniscus and no evidence of recurrent tear.

### 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
- Utilization Review Determination by [REDACTED] (dated 7/1/2013)
- Medical Records by [REDACTED], M.D. (dated 12/3/12 to 5/16/13)

- Panel Qualified Medical Examination by [REDACTED], M.D. (dated 5/9/13)
- Diagnostic Reports by [REDACTED] (dated 5/6/13)
- Chronic Pain Medical Treatment Guidelines (2009), pages 68-73

**1) Regarding the request for 1 prescription of Relafen (750 mg):**

Medical Treatment Guideline(s) 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), pages 72-73, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/9/2009 and has experienced chronic knee pain. The medical records indicate a diagnosis of left knee degenerative joint disease. Treatment to date has included the following: analgesic medications; two prior left knee arthroscopies; Synvisc injections; and imaging studies. A request was submitted for 1 prescription of Relafen (750 mg).

The Chronic Pain guideline indicates Relafen is a nonsteroidal anti-inflammatory drug (NSAID) used in the treatment of osteoarthritis. In this case, the employee's medical records received and reviewed confirm arthritis. The employee appears to be using Relafen chronically and has responded favorably as noted by a return to modified duty work. Continuation of Relafen is indicated and appropriate in this context. The request for 1 prescription of Relafen (750 mg) is medically necessary and appropriate.

**2) Regarding the request for 1 prescription of Prilosec (20 mg):**

Medical Treatment Guideline(s) 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), pages 68-69, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/9/2009 and has experienced chronic knee pain. The medical records indicate a diagnosis of left knee degenerative joint disease. Treatment to date has included the following: analgesic medications; two prior left knee arthroscopies; Synvisc injections; and imaging studies. A request was submitted for 1 prescription of Prilosec (20 mg).

The Chronic Pain guideline endorses usage of Prilosec in the treatment of nonsteroidal anti-inflammatory drug (NSAID)-induced dyspepsia. However, the employee's medical records received and reviewed do not indicate signs and/or symptoms of dyspepsia. The guideline criteria for Prilosec usage are not met. The request for 1 prescription of Prilosec (20 mg) 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;

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

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

/dj

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.