
Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	6/7/2004
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001600

- 1) MAXIMUS Federal Services, Inc. has determined the request for the **prescription Voltaren (Diclofenac) ER 100mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **the prescription Prilosec (Omeprazole) 20mg #90 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 the **prescription Voltaren (Diclofenac) ER 100mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for the **prescription Prilosec (Omeprazole) 20mg #90 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 Physical Medicine and Rehabilitation, 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 9, 2013

"This 53-year-old male sustained an injury on 6/7/04. The mechanism of injury occurred when the patient fell onto his back while pulling a table at work. The diagnosis was low back pain. An office visit dated 11/5/12 noted the patient with complaints of pain in the low back and right wrist. The patient was currently taking Voltaren, Norflex, Prilosec and Vicodin. The patient was tolerating medications well. An office visit dated 5/1/13 noted the patient for a follow-up of his lumbar spine and right wrist. X-rays revealed compression fractures at L1 and T11 with autofusion at L1-2 and T10-11. The patient was given a refill of medications. The above requests were previously non-certified on 6/10/13. An office visit dated 6/19/13 noted the patient with complaints of pain in the lumbar spine and right wrist. The patient noted wit NSAID induced dyspepsia which resolved with Prilosec."

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 from Claims Administrator

- Medical Records from Claims Administrator
- California Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for prescription Voltaren (Diclofenac) ER 100mg #90:

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 (May, 2009) pages 67-72, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 67-72, which are part of the MTUS.

Rationale for the Decision:

The most recent clinical note submitted, dated 6/19/2013, reports the employee was seen for the lumbar spine and right wrist. The provider documents the employee utilizes Voltaren ER on a chronic basis for anti-inflammatory effects, Flexeril for paralumbar muscle tightness and spasms as well as Prilosec of NSAID induced dyspepsia and Vicodin for breakthrough pain. The provider reports the employee has been stable on the employee's medication regimen. The provider documented the employee utilizes the employee's medication regimen on a regular basis which relieves the effects of the employee's industrial injury and allows the employee to function at the employee's current level. The provider documents the employee utilizes Prilosec to treat NSAID induced dyspepsia which has resolved since the start of implantation of the employee's utilization of Prilosec. Guidelines recommend this medication as an option for short-term symptomatic relief. The clinical notes do not evidence the provider's plan is to have the employee utilize this medication for short-term pain relief. In addition, the provider's explanations of the employee's reports of efficacy as a result of utilizing this medication were vague. There was not quantifiable objective documentation evidencing a decrease in the employee's rate of pain or increase in objective functionality as a result of specifically utilizing Diclofenac ER 100 mg. **The requested prescription Voltaren (Diclofenac) ER 100mg #90 is not medically necessary and appropriate.**

2) Regarding the request for prescription Prilosec (Omeprazole) 20mg #90:

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 (May, 2009) pages 67-72, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 67-72, which are part of the MTUS.

Rationale for the Decision:

The most recent clinical note submitted, dated 6/19/2013, reports the employee was seen for the lumbar spine and right wrist. The provider documents the employee utilizes Voltaren ER on a chronic basis for anti-inflammatory effects,

Flexeril for paralumbar muscle tightness and spasms as well as Prilosec of NSAID induced dyspepsia and Vicodin for breakthrough pain. The provider reports the employee has been stable on the employee's medication regimen. The provider documented the employee utilizes the employee's medication regimen on a regular basis which relieves the effects of the employee's industrial injury and allows the employee to function at the employee's current level. The provider documents the employee utilizes Prilosec to treat NSAID induced dyspepsia which has resolved since the start of implantation of the employee's utilization of Prilosec. The requesting provider documents the employee presented with NSAID induced dyspepsia which had resolved once utilization of Prilosec was implemented. However, as the current request for the employee's continued use of diclofenac was not supported, the request for continued use of Prilosec would not be indicated. Guidelines indicate this medication is utilized for employees with no risk factor and no cardiovascular disease; however, indicated use of nonselective anti-inflammatories, as well as employees at intermediate risk for GI events and use of anti-inflammatory. Given that the employee's use of Diclofenac is no longer supported, utilization of Prilosec would not be indicated. **The prescription Prilosec (Omeprazole) 20mg #90 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.