
Notice of Independent Medical Review Determination

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 2/1/2005
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001647

- 1) MAXIMUS Federal Services, Inc. has determined the requested retrospective request for Vicodin 5/550mg #60 (6/24/13) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested retrospective request for Naproxen 550mg #60 (6/24/13) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested retrospective request for Gabapentin 600mg #90 (6/24/13) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested Vicodin 5/550mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested Naproxen 550mg #60 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the requested Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the requested Gabapentin 600mg #90 **is not medically necessary and appropriate.**

- 8) MAXIMUS Federal Services, Inc. has determined the requested Medrox patch #20 **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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 requested retrospective request for Vicodin 5/550mg #60 (6/24/13) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested retrospective request for Naproxen 550mg #60 (6/24/13) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested retrospective request for Gabapentin 600mg #90 (6/24/13) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested Vicodin 5/550mg #60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested Naproxen 550mg #60 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the requested Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the requested Gabapentin 600mg #90 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the requested Medrox patch #20 **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 8, 2013:

██████████ is a 54 year old (DOB: 12/15/58) female that sustained a work injury on 02/01/05. Mechanism of injury was not found in records for review. She is retired and not working. Both wrists and lower back have been accepted by the carrier. The carrier has objected the claim for mental/mental, soft tissue (neck) and right shoulder.”

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 (received 7/16/13)
- Utilization review determination by ██████████ (dated 7/8/13)
- Employee medical records from ██████████ MD (dated 9/11/12)
- Employee medical records from ██████████ MD (dated 12/5/12)
- Employee medical records from ██████████ MD (dated 8/7/12-6/24/13)
- Employee medical records from ██████████ MD (dated 1/13/12-7/12/12)
- Employee medical records from ██████████ (dated 12/8/12-2/13/13)
- Employee medical records from ██████████ (dated 10/8/12)
- Chronic Pain Medical Treatment Guidelines – Division of Workers’ Compensation and Official Disability Guidelines References (May, 2009)

1) Regarding the retrospective request for Vicodin 5/550mg #60 (6/24/13):

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), pg. 48, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 1, 2005 to the back and bilateral wrists. The medical records provided for review indicate diagnoses of carpal tunnel syndrome, depression, and lower back pain. Treatments to date have included diagnostic imaging, facet joint injections to the lumbar spine, physical therapy, and medication management. The request is for Vicodin 5/550 mg #60.

The MTUS Chronic Pain guidelines indicate documentation of an increase in objective functional improvements is needed to support continuation of pain medication. The medical records submitted for review do not document the efficacy of the employee’s current medication regime based on functional

improvement or decrease in pain levels. The request for Vicodin 5/550 mg #60 is not medically necessary and appropriate.

2) Regarding the retrospective request for Naproxen 550mg #60 (6/24/13):

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), pg. 48, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 1, 2005 to the back and bilateral wrists. The medical records provided for review indicate diagnoses of carpal tunnel syndrome, depression, and lower back pain. Treatments to date have included diagnostic imaging, facet joint injections to the lumbar spine, physical therapy, and medication management. The request is for Naproxen 550 mg #60.

The MTUS Chronic Pain guidelines indicate documentation of an increase in objective functional improvements is needed to support continuation of pain medication. The medical records submitted for review do not document the efficacy of the employee's current medication regime based on functional improvement or decrease in pain levels. The request for Naproxen 550 mg #60 is not medically necessary and appropriate.

3) Regarding the retrospective request for Gabapentin 600mg #90 (6/24/13):

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), pg. 48, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 1, 2005 to the back and bilateral wrists. The medical records provided for review indicate diagnoses of carpal tunnel syndrome, depression, and lower back pain. Treatments to date have included diagnostic imaging, facet joint injections to the lumbar spine, physical therapy, and medication management. The request is for Gabapentin 600 mg #90.

The MTUS Chronic Pain guidelines indicate documentation of an increase in objective functional improvements in needed to support continuation of pain medication. The medical records submitted for review do not document the efficacy of the employee's current medication regime based on functional improvement or decrease in pain levels. The request for Gabapentin 600 mg #90 is not medically necessary and appropriate.

4) Regarding the request for Vicodin 5/550mg #60:

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), pg. 48, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 1, 2005 to the back and bilateral wrists. The medical records provided for review indicate diagnoses of carpal tunnel syndrome, depression, and lower back pain. Treatments to date have included diagnostic imaging, facet joint injections to the lumbar spine, physical therapy, and medication management. The request is for Vicodin 5/550 mg #60.

The MTUS Chronic Pain guidelines indicate documentation of an increase in objective functional improvements in needed to support continuation of pain medication. The medical records submitted for review do not document the efficacy of the employee's current medication regime based on functional improvement or decrease in pain levels. The request for Vicodin 5/550 mg #60 is not medically necessary and appropriate.

5) Regarding the request for Naproxen 550mg #60:

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), pg. 48, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 1, 2005 to the back and bilateral wrists. The medical records provided for review indicate diagnoses of carpal tunnel syndrome, depression, and lower back pain. Treatments to date have included diagnostic imaging, facet joint injections to the lumbar spine, physical therapy, and medication management. The request is for Naproxen 550 mg #60.

The MTUS Chronic Pain guidelines indicate documentation of an increase in objective functional improvements is needed to support continuation of pain medication. The medical records submitted for review do not document the efficacy of the employee's current medication regime based on functional improvement or decrease in pain levels. The request for Naproxen 550 mg #60 is not medically necessary and appropriate.

6) Regarding the request for Prilosec 20mg #60:

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), pg. 48, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 1, 2005 to the back and bilateral wrists. The medical records provided for review indicate diagnoses of carpal tunnel syndrome, depression, and lower back pain. Treatments to date have included diagnostic imaging, facet joint injections to the lumbar spine, physical therapy, and medication management. The request is for Prilosec 20 mg #60.

The MTUS Chronic Pain guidelines indicate the criteria for the use of a proton pump inhibitor (Prilosec) for those utilizing non-steroidal anti-inflammatory drugs (NSAIDs), however, the medical records provided for review do not document gastrointestinal (GI) events which would meet guideline criteria. The request for Prilosec 20 mg #60 is not medically necessary and appropriate.

7) Regarding the request for Gabapentin 600mg #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 (2009), pg. 48, which is part of the Medical Treatment

Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 1, 2005 to the back and bilateral wrists. The medical records provided for review indicate diagnoses of carpal tunnel syndrome, depression, and lower back pain. Treatments to date have included diagnostic imaging, facet joint injections to the lumbar spine, physical therapy, and medication management. The request is for Gabapentin 600 mg #90.

The MTUS Chronic Pain guidelines indicate documentation of an increase in objective functional improvements is needed to support continuation of pain medication. The medical records submitted for review do not document the efficacy of the employee's current medication regime based on functional improvement or decrease in pain levels. The request for Gabapentin 600 mg #90 is not medically necessary and appropriate.

8) Regarding the request for Medrox patch #20:

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), pg. 48, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and in addition, based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 111-113, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on February 1, 2005 to the back and bilateral wrists. The medical records provided for review indicate diagnoses of carpal tunnel syndrome, depression, and lower back pain. Treatments to date have included diagnostic imaging, facet joint injections to the lumbar spine, physical therapy, and medication management. The request is for Medrox patch #20.

The MTUS Chronic Pain guidelines indicate topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The medical records reviewed do not document objective functional improvements which would meet guideline criteria for a topical analgesic. The request for Medrox patch #20 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

/hs

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.