
Notice of Independent Medical Review Determination

Dated: 10/31/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 9/11/2002
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001653

- 1) MAXIMUS Federal Services, Inc. has determined the request for Zegerid (Omeprazole, Sodium Bicarbonate) 40mg #30 with 2 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #180 with 2 refills **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #60 with 2 refills **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 7/2/2013. 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 Zegerid (Omeprazole, Sodium Bicarbonate) 40mg #30 with 2 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #180 with 2 refills **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #60 with 2 refills **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer 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 2, 2013:

“According to the available documentation, the patient has a history of chronic low back pain, with bilateral lower extremity radiculopathy and bilateral hip degenerative joint disease. He is status/post right total hip arthroplasty on 9/17/2007, and is currently trying to delay surgical intervention for the left hip in order to avoid having to take prolonged time off of work. Per the 6/13/2013 report of Dr. [REDACTED] the patient presented with complaints of a lower backache, and increased left hip pain, which was worse with prolonged sitting or standing. He reported poor quality of sleep; however, the quality of his life remained unchanged as did his activity level. When able to take his medications, they are considered to work well and described as seeming to help, with no tolerance, and no side-effects. The patient is noted to be able to remain independent with his activities of daily living and is able to function well. He continues to keep working full time 8-10 hours/day as a local area truck driver with his medications. Exam findings revealed the patient was in mild pain with a slowed, antalgic gait. He exhibited tenderness bilaterally over the lumbar paravertebral muscles, and tenderness over the trochanter, as well as moderate pain with passive internal rotation and external rotation of his left hip. Tenderness was also elicited to palpation over the patella with crepitus and no joint effusion. Motor examination of the lower extremities was normal at 5/5

bilaterally. Deep tendon reflexes were rated 2/4 for bilateral knee jerk, and ankle jerks were absent. Straight leg raise testing was negative as were Waddell's signs. The provider considered the patient to be stable on his current medication regimen, which has reportedly not essentially changed in greater than six months. The provider advised continuing the patient's current medication regimen. Prior care has also included epidural steroid injections. An 8/13/04 MRI lumbar spine report revealed: 2 mm diffuse annular bulge eccentric to left L3/L4, mild to moderate foramina! narrowing on left, 4mm broad posterior with disc degenerative changes and moderate bilateral foramina! narrowing, 3.5mm posterior and left paramedian L5/S1 protrusion eccentric to left touching left S1 nerve root. A 11/23/04 MRI of the pelvis and right hip revealed bilateral avascular necrosis of femoral heads, right greater than left. An EMG dated 9/7/05 resulted in abnormal findings of chronic right L5 lumbar radiculopathy and chronic right S1 radiculopathy, left lumbosacral radiculopathy, and peripheral neuropathy.”

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 (dated 7/16/13)
- Utilization Review Determination from [REDACTED]
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request Zegerid (Omeprazole, Sodium Bicarbonate) 40mg #30 with 2 refills:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain (Chronic) and the Chronic Pain Medical Treatment Guidelines (2009), NSAIDSs, GI Symptoms & cardiovascular risk, which is a part of MTUS. The Expert Reviewer based his/her decision on The Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, page 68-69, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 9/11/02. The medical records provided for review indicate treatments have included right hip surgery and medication management. The request is for Zegerid (Omeprazole, Sodium Bicarbonate) 40mg #30.

MTUS Guidelines indicate that proton pump inhibitors such as omeprazole may be indicated for patients at intermediate risk for gastrointestinal (GI) events. The medical records submitted for review do not document current GI symptoms or risk factors. **The request for Zegerid (Omeprazole, Sodium Bicarbonate) 40mg #30 is not medically necessary and appropriate.**

2) Regarding the request for Tramadol 50mg #180 with 2 refills :

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, pg. 93-94, which is a part of the MTUS. 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 9/11/02. The medical records provided for review indicate treatments have included right hip surgery and medication management. The request is for Tramadol 50mg #180 with refills.

MTUS Guidelines indicate that tramadol is used in the treatment of moderate to severe pain. The documentation submitted for review indicates the employee has been taking tramadol 50 mg as part of a medication regime which allows the patient optimal function with no intolerance and no side effects from the medication. However, the documentation indicates that the employee's pain level has increased since the last visit and the employee has a poor quality of sleep. While the notes indicate that the employee has increased functional capability with the use of medications, there was a lack of documentation indicating effective analgesia with these medications and there has been no change to the current medication regimen in the preceding 6 months. **The request for Tramadol 50mg #180 with refills is not medically necessary and appropriate**

3) Regarding the request Norco 10/325mg #60 with 2 refills:

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, pg. 91, which is a part of the MTUS. 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 9/11/02. The medical records provided for review indicate treatments have included right hip surgery and medication management. The request is for Norco 10/325mg #60.

MTUS guidelines indicate that Norco is recommended for moderate to moderately severe pain. The documentation submitted for review indicates that the employee is currently prescribed Norco 10/325 mg as part of a current medication regimen. The documentation notes the medication regimen provides no untoward side effects, and no intolerance to the medication is noted. Furthermore, the notes indicate that the employee's current medication regimen provides improved functionality. The California MTUS Guidelines detail the recommendation for the 4 A's for ongoing monitoring of patients on opioid analgesics. These 4 domains monitor analgesia, activities of daily living, adverse

side effects and aberrant drug-taking behaviors. While the documentation submitted for review generally indicates that the employee has improved functionality with the medication, the notes detail that the employee also has increased pain since the prior visit with a poor quality of sleep. Additionally, the notes indicate that the employee has had no change to the medication regimen in the preceding 6 months. Based on the documentation submitted for review, it appears that the employee has ineffective analgesia from the prescribed medication regimen. **The request for Norco 10/325mg #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

/sce

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.