

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 9/30/2010
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002547

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325 #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 Norco 10/325 #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 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 3, 2013:

“The patient is a 28 year old male with a date of injury of 9/30/2010. Under consideration for authorization are prospective requests for 30 Ultram 150 mg; 120 Norco 10/325 mg; 60 Prilosec 20 mg; and 1 return as part of Future Medical Care.

“According to available documentation, on 2/16/12, the patient presented for an orthopaedic agreed medical examination with complaints of intermittent low back pain a few times per week rated 4-6/10 and increased by lifting, light household chores, bending, prolonged sitting, standing, and walking. It was determined that the patient had reached maximal medical improvement and he was assigned a 13% whole person impairment rating. The patient required accommodations for his lumbar spine and he was precluded from heavy lifting greater than 20 pounds, repetitive bending and stooping, and prolonged standing. Future medical care was advised to include short courses of physical therapy and/or prescription medication as deemed necessary by his treating physician. On 5/8/13, the patient presented to Dr. [REDACTED] with a complaint of low back pain. The severity was not described or quantified. Objective findings revealed decreased lumbar range of motion in degrees as follows: flexion to 50, extension to 20, and bilateral lateral bending to 20. Tightness was observed in the lumbar paraspinal musculature. The patient's diagnoses included herniated lumbar disk with radiculitis. A lumbar spine MRI report dated 3/31/11 revealed: L1-2 2 mm disc protrusion combined with facet and ligamentum flavum hypertrophy produces spinal canal narrowing and neuroforaminal narrowing; L2-3 6.8 mm disc protrusion combined with facet and ligamentum flavum hypertrophy produces spinal canal narrowing and

neuroforaminal narrowing and posterior annular tear/fissure; L3-4 5.5 mm disc protrusion combined with facet and ligamentum flavum hypertrophy produces spinal canal narrowing and neuroforaminal narrowing and posterior annular tear/fissure; L4-5 5.5 mm slight right paracentral disc protrusion combined with facet and ligamentum flavum hypertrophy produces spinal canal narrowing and neuroforaminal narrowing and right greater than left neuroforaminal narrowing; L5-S1 5.5 mm disc protrusion combined with facet and ligamentum flavum hypertrophy produces spinal canal narrowing and neuroforaminal narrowing and marked bilateral neuroforaminal narrowing.”

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 7/22/13)
- Utilization Review Determination from [REDACTED] (dated 7/3/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request Norco 10/325 #120 :

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), (no section or page cited), which is part of MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), opioids for chronic back pain, pg. 80, which is part of MTUS, relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee has a date of injury of 9/30/2010. A review of the submitted medical records indicates the employee suffers from chronic low back pain that was previously rated as 4-6/10, or moderate. The employee is considered to be permanent and stationary. On 5/8/2013 the employee presented with a complaint of low back pain that was not rated in intensity or severity. On 5/8/2013 the provider prescribed Ultram and Norco for pain management. The employee reported a benefit from these medications previously. The most recent prescription for Norco prior to this visit appears to have been from 12/28/2012. At that time a urine drug screening detected hydrocodone and tramadol derivative. A urine drug screening from 2/8/2013 did not detect hydrocodone, but did detect tramadol derivative. Under consideration for authorization are prospective requests for 120 Norco 10/325mg and 60 Prilosec 20mg.

The medical records provided note the employee reported benefit from using Norco and Ultram previously, but do not address these medications separately. It appears from the medical documents that the employee had been taking Ultram without taking Norco, and then more recently hadn’t been taking either medication. The treating provider has not provided sufficient documentation to

indicate that Norco has improved function, as required by CA MTUS Chronic Pain Medical Treatment Guidelines. Additionally, the guidelines indicate that opioid therapy should not be initiated without a failed trial of non-opioid analgesics, and only one drug should be changed at a time. Beginning two opioid medications at once, when the employee had previously been treated for a period with only Ultram, is not allowing an adequate trial of the Ultram which may be sufficient for pain control. The request for Norco 10/325 #120 **is not medically necessary and appropriate.**

2) 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), (no section or page cited), which is a 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 Chronic Pain Medical Treatment Guidelines (2009), NSAIDs section, pg. 68, part of the MTUS, was relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee has a date of injury of 9/30/2010. A review of the submitted medical records indicates the employee suffers from chronic low back pain that was previously rated as 4-6/10, or moderate. The employee is considered to be permanent and stationary. On 5/8/2013 the employee presented with a complaint of low back pain that was not rated in intensity or severity. On 5/8/2013 the provider prescribed Ultram and Norco for pain management. The employee reported a benefit from these medications previously. The most recent prescription for Norco prior to this visit appears to have been from 12/28/2012. At that time a urine drug screening detected hydrocodone and tramadol derivative. A urine drug screening from 2/8/2013 did not detect hydrocodone, but did detect tramadol derivative. Under consideration for authorization are prospective requests for 120 Norco 10/325mg and 60 Prilosec 20mg.

MTUS Chronic Pain guidelines indicate Prilosec is a proton pump inhibitor (PPI) that is often used in conjunction with the use of NSAIDs to provide gastrointestinal protection. There is no evidence in the provided medical documentation that the claimant was already taking NSAIDs and there is nothing showing that the claimant was prescribed NSAIDs during this visit. In the appeal there was no additional medical information addressing if the claimant was taking NSAIDs or not. The request for Prilosec 20 milligrams #30, one refill **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

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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.