

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 4/4/2004
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002564

- 1) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Norco 10/325mg **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Prilosec 20mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one (1) Synvise injection for bilateral knees **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 7/2/2013. 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 one (1) prescription of Norco 10/325mg **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request one (1) prescription of Prilosec 20mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one (1) Synvisc injection for bilateral knees **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 Physical Medicine and Rehabilitation, has a subspecialty in at least five years of experience providing direct patient care 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 7/3/2013:

“The patient is a 41-year-old male with a date of injury of 4/4/2004. The provider has submitted a prospective request for 1 prescription of Norco 10/325 mg #120, 1 prescription of Prilosec 20 mg #60 and 1 Synvisc injection for bilateral knees.

Review of the submitted records indicates the patient was being treated for status post right knee surgery with significant residuals, left knee internal derangement, status post left shoulder arthroscopic open rotator cuff repair/decompressive surgery, recurrent left shoulder impingement/tendinosis, lumbar discogenic disease with radiculopathy, cervical facet arthrosis and discogenic disease, cervicogenic headache, right knee osteoarthritis and chronic pain syndrome. Per Dr. [REDACTED] evaluation of 6/26/2013 (date of service 4/16/2013), the patient complained of persistent neck and back pain, with the bilateral shoulders and knees remaining symptomatic. Objectively, the left shoulder revealed positive impingement sign and subacromial tenderness. Medial and lateral knee joint tenderness was noted bilaterally. McMurray's was positive bilaterally. Diffuse tenderness was noted across the cervical occipital junction and cervicotrapezial ridge. Severely diminished range of motion was noted. Straight leg raise was positive bilaterally. Lasegue's was present bilaterally.”

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 of Independent Medical Review (Dated 7/22/2013)
- Utilization Review Determination by [REDACTED] (Dated 7/3/2013)
- Medical Records from [REDACTED] (Dated 7/30/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request one (1) prescription of Norco 10/325mg:

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), 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 relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 8, 11 and 70, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 4/4/2004 and has experienced pain in the bilateral shoulders, neck, back and headaches. Medical records provided for review indicates the employee was being treated for status post right knee surgery with significant residuals, left knee internal derangement, status post left shoulder arthroscopic open rotator cuff repair/decompressive surgery, recurrent left shoulder impingement/tendinosis, lumbar discogenic disease with radiculopathy, cervical facet arthrosis and discogenic disease, cervicogenic headache, right knee osteoarthritis and chronic pain syndrome. Treatment has included Norco, Ultracet, and Prilosec. The request for one (1) prescription of Norco 10/325mg was submitted.

Clinical notes submitted for review states the employee still rated pain at 8/10. The California MTUS Chronic Pain Medical Treatment Guidelines indicate pain shall be treated as long as it persists. The MTUS Chronic Pain Guidelines do not state medications shall be discontinued if there is an unsatisfactory response. Furthermore, the MTUS Chronic Pain Guideline states that, "if the patient's progress is unsatisfactory, the physician should assess the appropriateness on continued use of the current treatment plan." The MTUS Chronic Pain Guideline indicates pain must be treated, and does not state that Norco must be discontinued or must be weaned. The request for Norco 10/325mg #120 **is medically necessary and appropriate.**

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

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), 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 relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 68-69, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 4/4/2004 and has experienced pain in the bilateral shoulders, neck, back and headaches. Medical records provided for review indicates the employee was being treated for status post right knee surgery with significant residuals, left knee internal derangement, status post left shoulder arthroscopic open rotator cuff repair/decompressive surgery, recurrent left shoulder impingement/tendinosis, lumbar discogenic disease with radiculopathy, cervical facet arthrosis and discogenic disease, cervicogenic headache, right knee osteoarthritis and chronic pain syndrome. Treatment has included Norco, Ultracet, and Prilosec. The request for one (1) prescription of Prilosec 20mg was submitted.

The MTUS Chronic Pain Guidelines indicate clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors. Clinical notes submitted for review do not indicate discussion for GI events, either currently or in the past. There is no rationale provided for the request. The request for Prilosec is not in accordance with MTUS Chronic Pain Guideline recommendations. The request for Prilosec 20mg **is not medically necessary and appropriate.**

3) Regarding the request for one (1) Synvics injection for bilateral knees:

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), Knee & Leg Chapter, Hyaluronic Acid Injections section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the MTUS does not address the issue at dispute. 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 was injured on 4/4/2004 and has experienced pain in the bilateral shoulders, neck, back and headaches. Medical records provided for review indicates the employee was being treated for status post right knee surgery with significant residuals, left knee internal derangement, status post left shoulder arthroscopic open rotator cuff repair/decompressive surgery, recurrent left shoulder impingement/tendinosis, lumbar discogenic disease with radiculopathy,

cervical facet arthrosis and discogenic disease, cervicogenic headache, right knee osteoarthritis and chronic pain syndrome. Treatment has included Norco, Ultracet, and Prilosec. The request for one (1) Synvisc injection for bilateral knees was submitted.

The medical records submitted for review do not document left knee osteoarthritis (OA), and there were no left knee imaging reports available. The request is not in accordance with the ODG guidelines. The request for one (1) Synvisc injection for bilateral knees **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, 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.