
Notice of Independent Medical Review Determination

Dated: 9/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 3/16/2010
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002876

- 1) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg Topical Cream **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 Prilosec 20mg Topical Cream **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 Orthopedic Surgery 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 16, 2013.

CLINICAL SUMMARY: This female was injured 03/16/10. On 06/11/13 Dr. [REDACTED] noted the patient complaining of RIGHT knee pain affecting ability to perform activities of daily living. On physical examination of the knee there was crepitus with range of motion 130° RIGHT and LEFT flexion and 0° RIGHT and LEFT extension. Strength was 4+ hip flexion, knee extension and 5/5 great toe extension and foot eversion. The assessment was bilateral knee osteoarthritis/degenerative joint disease and Prilosec was prescribed for her stomach protection and a topical cream was prescribed without specifying contents of the topical cream.

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 Determination by [REDACTED] (7/16/13)
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records Submitted by [REDACTED]

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|---|------------|
| [REDACTED] MD., FRCSC | 06/11/2013 |
| Utilization Review Non-Certification | 07/16/2013 |
| [REDACTED] MD., FRCSC | 04/30/2013 |
| [REDACTED] MD., FRCSC | 04/26/2013 |
| Dr. [REDACTED] | 03/28/2013 |
| Anatomical Impairment Measurements Report | 03/06/2013 |
| [REDACTED] MD FRCSC | 02/05/2013 |
| [REDACTED] | 02/26/2013 |
| [REDACTED] | 01/04/2013 |
| [REDACTED] | 10/30/2012 |
| [REDACTED] MD., FRCSC | 10/30/2012 |
| [REDACTED] MD., FRCSC | 10/02/2012 |
| [REDACTED] | 06/12/2012 |

1) Regarding the request for Prilosec 20mg Topical Cream:

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), pgs. 68-69, 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 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 3/16/2010 and has experienced right knee pain affecting the ability to perform activities of daily living. The medical records received and reviewed indicate bilateral knee osteoarthritis and degenerative joint disease. Treatment has included medications. A request for Prilosec 20 mg Topical Cream was submitted.

The medical records submitted failed to document a gastrointestinal complaint for which Prilosec would be indicated. The records also did not indicate a prior history of peptic ulcer disease or concurrent use of selective serotonin reuptake inhibitor and non-steroid ant inflammatory drugs, for which the MTUS Chronic Pain Guidelines would recommend the use of Prilosec. The documentation does not support the request. The request for Prilosec Topical Cream 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

/skf

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.