
Notice of Independent Medical Review Determination

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

8/17/2002

7/24/2013

CM13-0003079

- 1) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg 1 tab po daily #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Voltaren gel 1% 20 grams **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a series of 2 occipital nerve blocks **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 7/8/2013. 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 Omeprazole 20mg 1 tab po daily #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Voltaren gel 1% 20 grams **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a series of 2 occipital nerve blocks **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

“According to the records made available for review, this is a 48-year-old female patient. The patient most recently (5/22/13) presented with neck pain 8/10 associated with numbness and tingling in her bilateral upper extremities, increased by physical activity, range of motion, tension, and stress: the patient states that her headaches are 9/10 in intensity associated with photophobia, phonophobia, and nausea; she reports a daily headache at least 20 times a month generalized in the occipital area; the patient states that she gets 3 to 4 hours a sleep a night of sleep due to pain in her neck and the pain from her headaches; the patient is not taking any sleep aids. Physical examination revealed 4/5 strength in the left arm with normal muscle tone and bulk; decreased sensation to touch, vibration and temperature on the C6, C7 and C8 distribution of the left arm; there is tenderness along the cervical paraspinal musculature with decreased range of motion. It is noted that the patient is taking Zoloft prescribed by Dr. [REDACTED] psychiatrist, for depression. There is also documentation that the patient was advised on the benefits and potential side effects, the risks, synergistic effects of alcohol, the patient understands that also the medications should be taken only as prescribed. Current diagnoses include cervicalgia, brachial neuritis or radiculitis, cervical radiculopathy, and headache. Treatment to date includes cervical traction device and medications. Treatment requested is nortriptyline 50mg 2-3 tabs po qhs #90 for neuropathic pain, morphine sulfate 15mg 1 tan po lid #90 for breakthrough pain,

trazodone 50mg 1 to 3 tabs po pm #90 for insomnia, omeprazole 20mg 1 tab po daily #30 for GI upset, Voltaren gel 1% 20 grams apply to affected area, and series of 2 occipital nerve blocks for prophylactic migraine headache management.”

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 7/24/13)
- Utilization Review Determination (dated 7/8/13)
- Medical Records
- Medical Treatment Utilization Schedule

1) Regarding the request for Omeprazole 20mg 1 tab po daily #30 :

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), NSAIDs, GI symptoms & cardiovascular risk, Omeprazole, pg. 68, 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 8/17/2002 the employee sustained an injury to the head. Medical records reviewed indicate treatments have included: cervical traction and analgesic medication. A progress report dated 5/22/13 indicates that the employee presented with neck pain, numbness and tingling in the bilateral extremities, tension and stress, along with headaches. A request was submitted for Omeprazole, Voltaren gel and 2 occipital nerve blocks.

MTUS Chronic Pain Guidelines indicate that Omeprazole is appropriate for patients with intermediate risk for gastrointestinal events. Medical records reviewed indicate that the employee is currently taking Omeprazole 20mg per day for stomach upset. However, the records do not indicate daily stomach upset, etiology or history of stomach upset and there is a lack of documentation supporting current or past oral NSAID use. The request for Omeprazole 20mg 1tab po daily #30 **is not medically necessary and appropriate.**

2) Regarding the request for Voltaren gel 1% 20 grams:

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), NSAIDs, specific drug list & adverse effects, Diclofenac Sodium (Voltaren®, Voltaren-XR®), pg. 71, part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines

(ODG) (current version), Pain Chapter, a Medical Treatment Guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111-112, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 8/17/2002 the employee sustained an injury to the head. Medical records reviewed indicate treatments have included: cervical traction and analgesic medication. A progress report dated 5/22/13 indicates that the employee presented with neck pain, numbness and tingling in the bilateral extremities, tension and stress, along with headaches. A request was submitted for Omeprazole, Voltaren gel and 2 occipital nerve blocks.

Chronic Pain Guidelines state, "Voltaren gel 1% is indicated for the relief of osteoarthritis joint pain but it is not recommended for relief of osteoarthritis spinal pain.." The medical records reviewed indicate the employee has symptoms suggestive of cervical radiculopathy but there is no documentation to support osteoarthritis joint pain. The request for Voltaren gel 1% 20 grams **is not medically necessary and appropriate.**

3) Regarding the request for a series of 2 occipital nerve blocks:

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) (current version), Head Chapter, a Medical Treatment Guideline (MTG), not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS to be applicable and relevant to the issue at dispute. The Expert Reviewer found the MTG guidelines used by the Claims Administrator applicable and relevant to the issue at dispute

Rationale for the Decision:

On 8/17/2002 the employee sustained an injury to the head. Medical records reviewed indicate treatments have included: cervical traction and analgesic medication. A progress report dated 5/22/13 indicates that the employee presented with neck pain, numbness and tingling in the bilateral extremities, tension and stress, along with headaches. A request was submitted for Omeprazole, Voltaren gel and 2 occipital nerve blocks.

Official Disability Guidelines indicate that occipital nerve blocks are under study for the treatment of primary headaches but there is a lack of evidenced-based studies to support this procedure. Therefore, the request for a series of 2 occipital nerve blocks **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

/db

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.