

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 10/28/2010
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003113

- 1) MAXIMUS Federal Services, Inc. has determined the request for Mylanta OTC #120 with one refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm 5% patch #60 with one refill **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium 550mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Pepcid 20mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for four acupuncture sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 Mylanta OTC #120 with one refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm 5% patch #60 with one refill **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium 550mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Pepcid 20mg **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for four acupuncture sessions **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 10, 2013.

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The patient is a 46 year old male with a date of injury of 10/28/2010. Under consideration is a prospective request for 120 Mylanta OTC with 1 refill, 60 Lidoderm 5% patches with 1 refill, 60 naproxen sodium 550mg, 1 prescription for Pepcid 20mg, 1 follow up visit and 4 acupuncture visits.

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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 on 07/25/2013
- Utilization Review Determination from [REDACTED] (dated 07/10/2013)
- Employee medical records from [REDACTED] (dated 08/13/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Mylanta OTC #120 with one refill:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the University of Michigan Health System, Gastroesophageal reflux disease (GERD) Ann Arbor (MI): University of Michigan Health System;2012 May:12p, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 68-69, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that PPIs can be considered for patients at risk for gastrointestinal events. In addition, MedlinePlus indicates Mylanta is used to treat heartburn, acid indigestion, and upset stomach secondary to peptic ulcer, gastritis, esophagitis, hiatal hernia, or too much acid in the stomach. Medical records submitted and reviewed indicate the employee was also noted to have dyspepsia related to chronic use of naproxen. **The request for Mylanta OTC #120 with one refill is not medically necessary and appropriate.**

2) Regarding the request for Lidoderm 5% patch #60 with one refill:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009), which is a part of which is a part of Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, page 56-57, which is a part of Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The MTUS guidelines do recommend the use of Lidoderm patches for localized peripheral pain after there has been evidence of a trial of first-line therapy including gabapentin or Lyrica. The documentation submitted for review fails to demonstrate the employee was unresponsive to gabapentin or Lyrica. There was also lack of subjective and objective clinical findings to support neuropathic pain. **The request for Lidoderm 5% patch #60 with one refill is not medically necessary and appropriate.**

3) Regarding the request for Naproxen Sodium 550mg #60:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines (2009), which is a part of which is a part of Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, pages 67-68, and 73, which is a part of Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The MTUS guidelines do recommend naproxen for chronic low back pain at the lowest dose for the shortest period of time and as an option for short-term symptomatic relief. The medical records provided for review indicate the employee does have low back pain and has GI symptoms, and that the employee has been utilizing this medication long-term which would be contrary to guideline criteria. **The request for Naproxen Sodium 550mg #60 is not medically necessary and appropriate.**

4) Regarding the request for Pepcid 20mg :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the University of Michigan Health System, Gastroesophageal reflux disease (GERD) Ann Arbor (MI): University of Michigan Health System;2012 May:12p, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 68-69, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that for the treatment of dyspepsia secondary to NSAID therapy the patient should stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Medical records submitted and reviewed indicate the employee was also noted to have dyspepsia related to chronic use of naproxen. However, the employee did not report any significant relief with Pepcid use. **The request for Pepcid 20mg is not medically necessary and appropriate.**

5) Regarding the request for four acupuncture sessions:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on Acupuncture Medical Treatment Guidelines, which is a part of Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, page 8-9., which is part of MTUS.

Rationale for the Decision:

The MTUS guidelines do recommend additional acupuncture sessions when there is functional improvement with initial visits. The documentation submitted for review fails to demonstrate the employee made any significant objective functional improvement with prior acupuncture sessions to meet guideline criteria

for additional care at this time. **The request for four acupuncture sessions 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

/hs

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.