

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	1/13/2002
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003736

- 1) MAXIMUS Federal Services, Inc. has determined the request for Vicodin 5/500mg #100 with three refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #30 with three refills **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Celebrex 200mg #30 with three refills **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 Vicodin 5/500mg #100 with three refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #30 with three refills **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Celebrex 200mg #30 with three refills **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 Family Practice 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 19, 2013:

“This 60-year-old female sustained an Injury on 1/13/02. The mechanism of the injury was not specified in the records provided. The current diagnoses Included status post right total knee replacement, degenerative joint disease, left knee with probable meniscus tear, and herniated nucleus pulposus of the lumbar spine, According to the doctor's note dated 7 //13, the patient was status post low back Injection. She had complaints of low back pain rated 5-6/10om a pain scale with radiation to her bilateral lower extremities, with numbness about her left foot, and right knee pain with swelling. Physical examination of the right knee revealed an antalgic gait, tenderness over the anterior aspect of the knee, +1 effusion about the anterior aspect, and active range of motion (ROM) with flexion 90 degrees and extension ·5 degrees. Exam of the lumbar spine noted tenderness over the lumbosacral spine and bilateral musculature, and active ROM was flexion 25, extension 0, and lateral bending 0 degrees bilaterally. The current medications list Included Vicodin, Celebrex, and Prilosec. Any diagnostic imaging study report was not specified in the records provided. She underwent right knee replacement in 2008 and revision right knee replacement in 2009.”

### **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 7/26/13)
- Utilization Review Determination from [REDACTED] (dated 7/19/13)
- Employee Medical Records from [REDACTED]
- Employee Medical Records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request Vicodin 5/500mg #100 with three refills:**

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, pg. 76-80, which is part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Opioids criteria, pg. 78, which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 1/13/02. The submitted medical records noted an injection to the lower back was given on 7/1/13. The employee noted pain was 7/10 to 8/10 before the injection and 5/10 to 6/10 after the injection. The records indicate low back pain radiated into bilateral lower extremities with numbness to the left foot and right knee pain and swelling. Right knee pain was exacerbated by prolonged standing and walking. The records indicate the employee has undergone a right knee arthroplasty in 2008 and a revision of right knee replacement in 2009. A request has been submitted for Vicodin 5/500mg #100 with three refills.

The MTUS Chronic Pain guidelines state that satisfactory response to treatment is indicated by the patient's decreased pain, increased level of function or improved quality of life. The submitted medical records do not document improved functionality or decreased pain with use of opioids, and there is no documentation that the employee was assessed for appropriate medication use or possible side effects. The requested Vicodin 5/500mg #100 with three refills **is not medically necessary and appropriate.**

**2) Regarding the request for Prilosec 20mg #30 with three refills:**

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, pg. 22, which is part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 68-69, which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 1/13/02. The submitted medical records noted an injection to the lower back was given on 7/1/13. The employee noted pain was 7/10 to 8/10 before the injection and 5/10 to 6/10 after

the injection. The records indicate low back pain radiated into bilateral lower extremities with numbness to the left foot and right knee pain and swelling. Right knee pain was exacerbated by prolonged standing and walking. The records indicate the employee has undergone a right knee arthroplasty in 2008 and a revision of right knee replacement in 2009. A request has been submitted for Prilosec 20mg #30 with three refills.

The MTUS Chronic Pain guidelines note that Prilosec is indicated in patients who are taking NSAIDs and who are at risk for gastrointestinal events due to age, history of peptic ulcer, gastrointestinal bleeding, or perforation, and concurrent use of ASA, corticosteroids or an anticoagulant or multiple high doses of NSAIDs. The submitted medical records do not indicate that the employee has ongoing gastrointestinal upset or a history of peptic ulcers, gastrointestinal bleeding or perforation. The requested Prilosec 20mg #30 with three refills **is not medically necessary and appropriate.**

3) **Regarding the request Celebrex 200mg # 30 with three refills:**

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, pg. 30, which is 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, Celebrex, pg. 30, which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 1/13/02. The submitted medical records noted an injection to the lower back was given on 7/1/13. The employee noted pain was 7/10 to 8/10 before the injection and 5/10 to 6/10 after the injection. The records indicate low back pain radiated into bilateral lower extremities with numbness to the left foot and right knee pain and swelling. Right knee pain was exacerbated by prolonged standing and walking. The records indicate the employee has undergone a right knee arthroplasty in 2008 and a revision of right knee replacement in 2009. A request has been submitted for Celebrex 200mg # 30 with three refills.

The Chronic Pain guidelines recommend the use of nonsteroidal anti-inflammatories for treatment of osteoarthritis including the knee and hip at the lowest dose for the shortest period of time in patients with moderate to severe pain and recommend the use of nonsteroidal anti-inflammatories for acute exacerbations of chronic low back pain as a second-line option after using acetaminophen. The submitted medical records indicate that the employee is using Celebrex on a routine, ongoing basis and not for exacerbations of pain. The requested Celebrex 200mg # 30 with three refills **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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/srb

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.