

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/14/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	3/1/2006
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003840

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #60** is not **medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #30** is not **medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 500mg #60** 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 7/9/2013. 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 **Norco 10/325mg #60** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #30** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 500mg #60** 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 Family Medicine 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.

Expert Reviewer Case Summary:

“The patient is a 54 year old male with a date of injury of 3/1/2006. Under consideration are prospective requests for Norco, Prilosec and Naproxen. Records submitted for review indicate that the patient is being treated for low back pain with radiation to the legs. Recent examination findings show tenderness and decreased range of motion in the lumbar spine with reflex changes but no weakness or sensory changes. He underwent a right total knee arthroplasty in June 2012. He has been treated with acupuncture, and medications. The provider is requesting 60 Norco 10/325mg.”

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
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Norco 10/325mg #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 the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 80, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that opioids appear to be effective, but limited for short-term pain relief, and long-term effectiveness is unclear (>16 weeks), but also appear limited. The guidelines also indicate that opioids are not recommended as a first-line therapy, but are recommended on a trial basis for short-term use after there has been evidence of failure of firstline medication options such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) when there is evidence of moderate to severe pain.

The medical records provided for review indicate that the employee suffers from chronic pain of the lower back and right knee despite having a total knee arthroplasty on the right side. **The request for Norco 10/325mg #60 is not medically necessary and appropriate.**

2) Regarding the request for Prilosec 20mg #30:

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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain Guidelines indicate that a proton-pump inhibitor is recommended for “patients at intermediate risk for gastrointestinal events and no cardiovascular disease.” The medical records provided for review do not indicate that the employee had a history or risk of gastrointestinal issues. The medical records do not show evidence of a medical need for taking an NSAID, or a proton-pump inhibitor. **The request for Prilosec 20mg #30 is not medically necessary and appropriate.**

3) Regarding the request for Naproxen 500mg #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 the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 67-68, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. The guidelines also indicate that NSAIDs are recommended as an option for short-term symptomatic relief. The medical records provided for review indicate that the employee's medical issues are chronic in nature. **The request for Naproxen 500mg #60 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

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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.