

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 8/12/2011
IMR Application Received: 7/31/2013
MAXIMUS Case Number: CM13-0004920

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Ibuprofen 800mg is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Pennsaid 1.5% solution with four (4) refills is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 **one (1) prescription of Ibuprofen 800mg is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Pennsaid 1.5% solution with four (4) refills 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 Occupational 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.

Expert Reviewer Case Summary:

This is a 61-year-old female with a cheated injury August 12, 2011. Be treated for ankle pain. Documentation patient is been taking ibuprofen for continued ankle pain. The patient was diagnoses with ankle osteoarthritis, ankle sprain and chronic pain syndrome. The patient states at home exercises have improved her pain. The patient has extensive physical therapy for her ankle and low back. The patient has been Determined to be permanent and stationary on 7/25/2013.

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 one (1) prescription of Ibuprofen 800mg:

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

Rationale for the Decision:

The claims administrator has approved use ibuprofen for this employee. The employee is using ibuprofen on an as needed basis. There's no evidence of side effects of this medication. The employee seems to have good response to the medication. Chronic Pain Medical Treatment Guidelines recommend the use of NSAIDs for pain for limited duration of time. The employee is using this medication on an as needed basis. Guidelines support the use of this medication for moderate to severe ankle pain. **The request for one (1) prescription of Ibuprofen 800mg is medically necessary and appropriate.**

2) Regarding the request for Pennsaid 1.5% solution with four (4) refills:

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, Pennsaid (diclofenac sodium topical solution), which is part of the MTUS.

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

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines refers to topical NSAIDS. Pennsaid is topical diclofenac. CA MTUS use of topical analgesics only for shoulder elbow and knee pain. This provider is requesting the medication for ankle pain. As CA MTUS is specific regarding topical analgesics, especially NSAIDS. **The request for Pennsaid 1.5% solution with four (4) 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pas

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.