

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 4/16/2003
IMR Application Received: 7/31/2013
MAXIMUS Case Number: CM13-0005178

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Diclofenac XR 100mg #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg #100 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 Diclofenac XR 100mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg #100 **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 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.

Expert Reviewer Case Summary:

This 54-year-old employee was working and fell on the right knee on 9/20/1999. The employee had two surgeries on the right knee. In November 2012, the employee had a right carpal tunnel release after the job required working with the hands constantly. The right carpal tunnel release had some improvement in symptoms. The employee also had an injury in 2001 after being struck in the head by a piece of metal. The employee subsequently developed headaches. The employee had injections in the neck which did result in some improvement in her complaints of headaches.

Progress note on 10/10/12 documented that the employee had persistent numbness and tingling in the hands. The employee continues to drop things and continues to have significant pain. The employee was prescribed Diclofenac XR for anti-inflammatory effect and Omeprazole for stomach upset that sometimes occurs when she takes medications to treat the orthopedic problems.

Progress note on 3/27/2013 documented that this employee complained of increased numbness and tingling in the right hand. The employee continued to drop things and had trouble sleeping. The employee had seen a neurologist on 1/25/13. The physical exam of the right wrist revealed dorsiflexion to 30 degrees and volar flexion to 50 degrees. There was swelling and a well healed surgical scar. There was evidence of allodynia. The diagnosis was multi-level cervical disc desiccation and bulging with facet syndrome; right shoulder impingement syndrome; left carpal tunnel syndrome; lumbar strain- compensatory; depression; insomnia; headaches.

The documentation on that date noted that the physical therapy be continued. In addition, the recommendations by the neurologist were to have a sleep study, begin Gabapentin and use Fioricet as needed.

The prescriptions given were Fioricet #30 and Omeprazole 20mg #100.

Progress note dated 7/19/2013 documented that there was increased numbness and tingling in her hands. The employee continues to drop things and have headaches. On physical exam, there was cervical paraspinal muscle tenderness, muscle spasm and guarding. Range of motion was restricted. Dorsiflexion was to 60 degrees and volar flexion was to 60 degrees. There is swelling and evidence of allodynia. Documentation for that date noted that the sleep study was denied. The employee was given an intramuscular injection due to the exacerbation and increase in the neck pain. The prescriptions given were Diclofenac XR 100mg #30 for anti-inflammatory effects and Omeprazole 20mg #100 to treat the stomach upset which sometimes occurs when the employee takes the medication to treat the orthopedic problems.

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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Diclofenac XR 100mg #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 Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 33, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, section 9792.20-9792.26, pages 67-73, which is part of the MTUS.

Rationale for the Decision:

The employee was prescribed Diclofenac XR 100mg for anti-inflammatory effects for the neck pain. From the documentation provided, earliest record of Diclofenac noted is 9/5/12. According to the Chronic Pain Medical Treatment Guidelines per section stated above, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For chronic low back pain, it can be an option for short-term symptomatic relief. For neuropathic pain, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. However, they may be useful to treat breakthrough and mixed pain conditions such as

osteoarthritis in with neuropathic pain. The documentation by the provider did not show there was a trial of acetaminophen prior to using NSAIDs. In addition, the guidelines state that it may be useful to treat breakthrough and mixed pain conditions. There is no documentation in regards to possible duration of use. From the documentation provided, the employee has been on the medication for over one year without documentation of improvement in anti-inflammatory effects. In addition, there is inadequate documentation that this medication is used for treatment of neuropathic pain or mixed pain conditions. Therefore, Diclofenac XR is not approved. **The request for Diclofenac XR 100mg #30 is not medically necessary and appropriate.**

2) Regarding the request for Omeprazole 20mg #100:

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, section 9792.20-9792.26, pages 68-69.

Rationale for the Decision:

The employee was prescribed Omeprazole 20mg #100. The documentation noted that it would be utilized to treat the stomach upset which sometimes occurs when the employee takes the medication to treat the orthopedic problems. From the records given, the earliest documentation date of use was 11/2009. The chronic pain medical treatment guidelines in the section stated above documents that nonsteroidal anti-inflammatory drugs (NSAIDs) should be weighed against both the gastrointestinal and cardiovascular risk factors. To determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) a non-selective NSAID with either a proton pump inhibitor. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Recent studies tend to show that H.pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. In the treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to different NSAID, or consider H2-receptor antagonist or a PPI. The documentation provided does not support the use of Omeprazole. There is no documentation of a history of peptic ulcer or gastrointestinal bleed or perforation. The proton pump inhibitor has been used for greater than one year in this employee. Because of the risk for adverse events secondary to prolonged use this medication, inadequate documentation that discontinuation of the NSAID or other NSAIDs were tried for improvement in gastrointestinal symptoms, and not a high risk for gastrointestinal events, this medication is not approved. **The request for Omeprazole 20mg #100 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
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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.