

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: 7/24/2013
Date of Injury: 8/17/2010
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0005350

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 550mg three month supply is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a **urine drug screen is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **Naproxen 550mg three month supply** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for a **urine drug screen** 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 patient has a history of back pain that dates back to August 2010 when she was running out of shooting range with probation officers. In March 2011 her back pain increased and was unable to run. She was given modified work duties. An MRI March 15, 2013 showed a circumferential disc bulge at L4. She received Naprosyn as well as Anaprox for pain. Examination on May 28, 2013 short tenderness over the lumbosacral musculature. She also had secondary pain from a lumbar facet compression test. She had radiating pain down her legs at the time as well. Her assessment was lumbar herniated discs with radiculopathy and lumbar facet arthroplasty. A request was made for epidural steroid injections. On June 18, 2013 she underwent a lumbar epidural injection with no change in right leg pain. A recommendation was then made for stretching and exercise along with Naprosyn and Ambien.

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 from [REDACTED]
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Naproxen 550mg three month supply:

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 NSAIDs, which is part of the MTUS

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The Chronic Pain guidelines state "that Nonsteroidal anti-inflammatory medications are usually short-term symptomatic relief of chronic low back pain. They often have more side effects and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and neuropathic pain." Review of the submitted medical records indicates that the employee has been on this medication for several months. Alternative medications such as Tylenol should be considered, since the employee has breakthrough pain from NSAIDs as well as epidural injections, these alternative modalities should be used. **The request for Naproxen 550mg three month supply is not medically necessary and appropriate.**

2) Regarding the request for urine drug screen:

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

The Claims Administrator based its the Chronic Pain Medical Treatment Guidelines, Drug Testing, which is part of the MTUS and the Official Disability Guidelines, (ODG), Pain Procedure Summary, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pain treatment agreement, page 89, Opioids, specific drug list, page 91 and Substance abuse and red flags, pages 108-109, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain guidelines indicate that the DSM 4 criteria for substance abuse includes: failure to return to work, abuse in situations that are physically hazardous, recurrent legal problems, interpersonal problems, history of alcohol abuse, personality disorder, mood disorders or poor response to Opioids in the past. Other red flags include decreased functioning, observed intoxication, a negative effect of state, or a craving and preoccupation for these drugs. When such areas are of concern a drug screen would be appropriate. A review of the submitted medical records does not indicate that the employee has any issues with substance abuse as determined by the DSM-IV criteria. The current documented medication regimen is Naprosyn and Ambien.

There is no indication in the records that the claimant is taking a controlled medication. **The request for a urine drug screen 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

/mbg

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.