

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/10/2013  
Date of Injury: 4/12/2007  
IMR Application Received: 7/31/2013  
MAXIMUS Case Number: CM13-0005480

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 550mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone /APAP 5/325mg #90 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg #60 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 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone /APAP 5/325mg #90 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg #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 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. 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:**

There are NO medical records for review. The only documents available are the Utilization Review (UR) notes.

The employee is a 45 year old male who is being treated for chronic low back pain. On the 6/27/2013 exam, the employee noted low back pain with numbness, tingling and pain in left foot. The employee made the pain at eight out of 10. Treatment history consists of surgery, physical therapy, chiropractic care and oral and topical medications. The employee's current medications include naproxen, Prozac, Norco and Terocin cream which have helped to decrease the pain, increase sleep increase function and decrease daily medication use, the employee is taking Norco for breakthrough pain. No records show that the Norco has alleviated the pain or increased the employee's function. The employee had elevated liver enzymes while on NSAIDs, and as the NSAIDS were removed the patient's liver function tests return to normal.

### **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 Treatment Utilization Schedule (MTUS)

## No medical records were provided timely by the claims administrator

### 1) Regarding the request for Naproxen 550mg #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, NSAIDS, pg. 45, which is a part of 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:

CA MTUS chronic pain guidelines indicate "Clinicians should weight the indications for non-steroid anti-inflammatory analgesics (NSAIDs) such as Naproxen against both gastrointestinal (GI) and cardiovascular risk factors. The UR report submitted for review document this employee has indications for liver issues as there is a history of issues of hepatic function with NSAIDs use and decreased liver function levels (LFTs) after discontinuation of NSAIDS. **The request for Naproxen 550mg #60 is not medically necessary and appropriate.**

### 2) Regarding the request for Hydrocodone /APAP 5/325mg #90:

#### 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, Opioids, pg. 46, which is a part of 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:

CA MTUS states that opioids need careful monitoring regarding effectiveness, and that using opioids for greater than 16 weeks have unclear efficacy. Documentation of decreased pain or increased functional improvement with the use of Norco is indicated. The UR report submitted for review document that on the 6/27/13 exam, the employee noted to have low back pain 8/10 with numbness, tingling and pain in left foot. Treatment history consists of surgery, physical therapy, chiropractic care, as well as oral and topical medications. Current medical include naproxen, Prozac, Norco and Terocin cream which has helped to decrease the pain, increase sleep, increase function, and decrease daily medication use. The employee is taking Norco for breakthrough pain. No records show that Norco has alleviated the employee's pain or increased function. **The request for Hydrocodone /APAP 5/325mg #90 is not medically necessary and appropriate.**

### 3) Regarding the request for Omeprazole 20mg #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, NSAIDS, GI risk, pg. 45, which is a part of 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:

CA MTUS indicate prophylaxis use of proton pump inhibitors (PPI) such as Omeprazole for patients at risk for gastrointestinal (GI) events, older than 65 years, peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), as well as using corticosteroids, anticoagulant, or high dose/multiple non-inflammatory analgesics (NSAIDs). The UR report submitted for review indicate the employee has no history of peptic issues, not on aspirin, and not over 65 years of age. In addition long-term use of PPI is indicated for increased hip fracture. **The request for Omeprazole 20mg #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, 18<sup>th</sup> 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.