

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 9/3/2009
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0005542

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg is not medically necessary and appropriate.**

- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole Dr. 40mg is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole Dr. 40mg is 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:

The patient was injured on 9/3/2009. The patient was lifting a 30 pound bucket overhead. The diagnosis includes lumbar facet syndrome, thoracic disk degenerative disease, lumbar radiculopathy, abdominal pain, thoracic compression fracture, and thoracic pain. The patient on 7/3/13 had symptoms of thoracic pain, lumbar pain radiating to postereolateral thigh radiating to the foot, pelvis/groin pain. The patient is on norco and lyrica for pain. The patient has constipation secondary to the medications, is being changed to Colace and senokot, discontinued morphine sulphate, gabapentin, and rozerem. There is no documentation regarding amount and effect of the opioid medication.

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

1) Regarding the request for Norco 10/325mg :

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 California MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, page 57, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines support the use of opioid medication only if certain parameters are measured and met. The employee has had opioid therapy for an extended period of time but there is no documentation of the benefit of such therapy. There is no evidence for functional improvement or of pain reduction. Also, there is evidence of adverse effects such as constipation and vomiting. Medical necessity has not been established by the submitted documentation. **The request for Norco 10/325 is not medically necessary and appropriate.**

2) Regarding the request for Omeprazole Dr. 40mg :

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 California MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs and GI symptoms & cardiovascular risk, page 45, which is part of the MTUS

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that patients with NSAID use and at risk for gastrointestinal events should be using prophylaxis. The employee has already had GI symptoms while on NSAIDs and continues to have GI issues. The employee was placed on the medicine after several bouts of bleeding and has not had a thorough evaluation of the bleeding. Therefore as MTUS supports the use of PPI in this case due to existing disease, the request for omeprazole is medically necessary. **The request for Omeprazole Dr. 40mg is 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

/bh

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.