

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	11/1/2010
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006360

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg thirty tablets is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Fexmid 7.5mg sixty tablets is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 **Prilosec 20mg thirty tablets** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Fexmid 7.5mg sixty tablets** 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 Preventive Medicine and 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 applicant, Mr. [REDACTED], has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 2010.

Thus far, he has been treated with the following: Analgesic medications; prior lumbar laminectomy; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and extensive periods of time off of work, on total temporary disability.

In a prior utilization review report of July 19, 2013, the claims administrator denied prescriptions for Prilosec and Fexmid and approved a 60-tablet supply of Tylenol No. 3.

In a handwritten note of August 16, 2013, it is suggested that the applicant is off of work, on total temporary disability. The applicant reports intermittent symptoms of urinary incontinence, it is stated. It is stated that the applicant should continue Tylenol No. 3 for pain and Fexmid for spasm. An earlier note of July 19, 2013, suggests that the applicant should use a TENS unit, lumbar support, and pursue epidural steroid injection therapy.

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 Prilosec 20mg thirty tablets:

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 Official Disability Guidelines-TWC, Online Edition, Pain, Proton Pump Inhibitors (PPIs), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 69, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines, page 69, indicate that proton-pump inhibitors (PPIs) such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia. The records submitted for review do not clearly indicate signs or symptoms of reflux, dyspepsia, and/or heartburn, either NSAID-induced or stand alone. The request is not supported by the guidelines. **The request for Prilosec 20mg thirty tablets is not medically necessary and appropriate.**

2) Regarding the request for Fexmid 7.5mg sixty tablets:

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, Antispasmodics, Cyclobenzaprine, Fexmid, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 41, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines, page 41 indicate that the addition of cyclobenzaprine, a muscle relaxant, to other agents is not recommended. Cyclobenzaprine or Flexeril is recommended only as a short course of treatment and is not recommended for chronic or long term purposes. According to the records submitted for review, and based on the amount of Fexmid prescribed, it appears the attending provider is, indeed, employing Fexmid for chronic purposes, which is not supported by the MTUS Chronic Pain Guidelines. In this case, it is further noted that the employee's failure to return to work, failure to progress, and failure to demonstrate any evidence of functional improvement, has failed to make the case for a variance from the guidelines here and is not recommended. **The request for Fexmid 7.5mg, sixty tablets, 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

/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.