
Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/9/2013

Date of Injury:

8/30/2002

IMR Application Received:

8/5/2013

MAXIMUS Case Number:

CM13-0007370

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Klonopin 1mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Colace 100mg #90 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #180 is not medically necessary and appropriate.**

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Klonopin 1mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Colace 100mg #90 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #180 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 Physical 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:

This patient is a 53-year-old male who reported an injury on 08/30/2002. The notes indicate that the patient's mechanism of injury is a slip and fall causing the patient to injure his back while coming down a ladder. The notes indicate that the patient is diagnosed with low back pain and the patient has indicated history of a lumbosacral fusion. The notes indicate a current request for Prilosec 20 mg, Klonopin 1 mg, Colace 100 mg, and Norco 10/325 mg. The documentation submitted for review indicates that the patient was evaluated on 05/29/2013 for a psychological consultation, with notes indicating that the patient had history of acid reflux, heartburn and constipation which the patient attributes to his medication regimen. The clinical notes from 09/05/2012 through 08/08/2013 indicate that the patient has been prescribed Prilosec, Norco, Klonopin, and Colace. The clinical notes indicate that the patient's medication helps with pain.

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 #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, pg 68, NSAIDS, GI symptoms and cardiovascular risk, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 68, NSAIDS, GI symptoms and cardiovascular risk, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that proton pump inhibitors such as Prilosec are indicated for patients at intermediate risk for gastrointestinal events. While the documentation submitted for review indicates that upon evaluation on 05/29/2012 the employee had indication of heartburn, acid reflux and constipation, which the patient attributes to his pain medications, there is no current indication in the notes of GI symptoms. Furthermore, while notes indicate that the employee has subjective complaints of heartburn, acid reflux and constipation, there is no indication in the notes of a prior history of gastroesophageal reflux disease, heartburn, GI bleeding or ulcers to support the medication. **The request for Prilosec 20mg #60 is not medically necessary and appropriate.**

2) Regarding the request for Klonopin 1mg #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 Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg 24, which is part of the MTUS, and the Official Disability Guidelines, (ODG), Treatment Index, 11th Edition, online version, 2013, Pain/ Insomnia Treatment, which is not part of the MTUS.

The Expert Reviewer based his decision on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg 24, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. While chronic benzodiazepines may be a treatment of choice in very few conditions, there is a lack of documentation indicated in the notes of medical necessity for continued use of Klonopin. The employee underwent evaluation on 05/29/2013 for the purposes of a psychological consultation which indicated the patient underwent testing, with findings of a BAI survey indicating moderate symptoms of anxiety. Followup evaluation of the patient on 11/16/2012 with psychological testing indicated the employee had only a score of 8 on the BAI survey indicative of only mild symptoms of anxiety. Furthermore, the employee's BDI score was 6 suggesting the employee is reporting depressive manifestations. Moreover, there is a lack of documentation submitted in the clinical notes to support the recommendation for continued use of Klonopin. The clinical notes from 03/13/2013 indicate that the employee uses Klonopin for the purposes of a sleep aid secondary to pain. **The request for Klonopin 1mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Colace 100mg #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, pg 77, Opioids, criteria for use initiating therapy, which is part of the MTUS.

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use initiating therapy, pg 77, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate the recommendation for prophylactic treatment of constipation at the time of initiating opioid therapy. The clinical literature indicates that Colace is used to treat occasional constipation. The clinical notes submitted for review indicates that on 05/29/2012, the employee indicated occasional bouts of constipation due to his pain medication regimen. While the guidelines recommend the initiation of prophylactic treatment for patients at the initiation of opioid therapy, consideration for Colace would be warranted. However, there is no clear indication of a recent clinical note submitted for review that the employee has difficulties with continuing constipation. Furthermore, the medications submitted for review are not supported currently. **The request for Colace 100mg #90 is not medically necessary and appropriate.**

4) Regarding the request for Norco 10/325mg #180:

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, criteria for On Going Management, pg 78, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for On Going Management, pg 78, 91, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that Norco is an opioid analgesic indicated for moderate to moderately severe pain. Furthermore, guidelines make the recommendation for monitoring of patients on opioid therapy with the "4 A's" which are indicated as analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation submitted for review indicates that the employee has been prescribed Norco since at least 05/29/2012, and also indicates subjectively that the employee states the medications help with the pain. However, there is a lack of documentation indicating effective analgesia, improvement in activities of daily living, or to indicate that any adverse side effects or aberrant drug taking behavior of the employee has been addressed. **The request for Norco 10/325mg #180 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

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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.