

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	5/12/2004
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008868

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **30 Prilosec 20mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **60 Vicodin 5/500mg is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 retrospective request for **30 Prilosec 20mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **60 Vicodin 5/500mg 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 Internal 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 is a 59 year old female with a date of injury of 5/12/2004. According to the submitted documentation the patient was being treated for neck pain. Per the July 1, 2013 evaluation the patient reported cervical spine pain radiating to the bilateral upper extremities with numbness in the fingers. Examination revealed tenderness over the cervical nerve roots, tender cervical facets, positive orthopedic maneuvers, decreased cervical range of motion and decreased sensation in the right C5-C8 dermatomes. The patient was being treated primarily with medication. Under consideration is an independent examiner review of non certification of a retrospective request for prescriptions of Prilosec and Vicodin by the treating physician.

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 retrospective request for 30 Prilosec 20mg:

The Medical Treatment Guidelines 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 MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 68, which is part of MTUS.

Rationale for the Decision:

Prilosec or PPI is recommended with precautions in patients taking NSAID, because of potential development of gastro-intestinal bleeding. Vicodin does not have NSAID properties, and therefore the addition of Prilosec is not related to vicodin therapy. Vicodin HP (hydrocodone bitrate and acetaminophen tablets) is used to relieve moderate to severe pain. It is a combination of hydrocodone, a narcotic pain reliever, and acetaminophen, an analgesic pain reliever. Common side effects include nausea, vomiting, constipation, lightheadedness, dizziness, or drowsiness. According to Chronic Pain Medical Treatment Guidelines page 68, clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. The guideline also indicates clinicians should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The employee does not fall into any of these categories; hence the guideline does not apply. **The retrospective request for 30 Prilosec 20mg is not medically necessary and appropriate.**

2) Regarding the retrospective request for 60 Vicodin 5/500mg:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Hydrocodone, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioid, page 76, which is part of MTUS.

Rationale for the Decision:

The guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient.

The employee had been consistently prescribed opiate pain medication for the last year which exceeds short-term use and based on the cited evidence-based guidelines the continued use of Vicodin did not appear indicated, given the lack of objective evidence of pain relief or functional improvement. **The retrospective request for 60 Vicodin 5/500mg 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

/amm

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.