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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/20/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/10/2013
Date of Injury:	10/28/2010
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010507

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available records, the patient is about 46 years-old, and injured his lower back on 10/28/10 from repetitive lifting of 60-lbs boxes. He had PT and chiropractic care and injured his neck and the chiropractor's office. The neurosurgeon QME found a normal neurological exam and stated he was not a lumbar surgical candidate. Lumbar MRI shows multilevel DDD. He has been using Lidoderm patches since 10/2010 and Mylanta OTC and Pepcid since at least 10/2012.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Mylanta OTC, #120, with one (1) refill between 6/11/2013 and 8/23/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the University of Michigan Health System, Gastroesophageal reflux disease (GERD), Ann Arbor (MI): University of Michigan Health System; 2012, May, 12p, which is not part of MTUS

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on, Ching CK, Lam SK Drugs. 1994 Feb; 47(2): 305-17. Antacids. Indications and Limitations

The Physician Reviewer's decision rationale:
In the records available, the physician has documented acid reflux on a 7/31/13 report, and noted dyspepsia from NSAIDs on 7/2/13 and 6/11/13. The physician reports that both Mylanta and Pepcid work, but Mylanta works better. MTUS/ACOEM does not discuss antacids, but the general indication is for acid reflux. The use of Mylanta appears in accordance with the box label

indication and the medical journal referenced above. **The request for Mylanta OTC, #120, with one (1) refill between 6/11/2013 and 8/23/2013 is medically necessary and appropriate.**

2. Lidoderm 5% patch, #60, with one refill between 6/11/2013 and 8/23/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidoderm patch; topical analgesics, pgs. 56-57 and pgs. 111-113, which is part of the MTUS

The Physician Reviewer's decision rationale:
There is not enough information available to determine if Lidoderm was necessary. The physician states these were specifically recommended by the QME, but it was not on the 2/4/13 QME supplemental report, and the 9/17/12 QME report was missing pages, only 5 of 12 pages were available for IMR. MTUS states Lidoderm patches are recommended after there has been evidence of a trial of first-line therapy, Tricyclic antidepressants (TCA), Selective norepinephrine reuptake inhibitor (SNRI), or automatic external defibrillator (AED). In the records available it appears that Lidoderm patches were first provided from a physician at [redacted] back in 2010. There is no mention of any trial of first-line medications, and no current use of TCA, SNRI or AED. The medical records prior to starting Lidoderm patches were not available for this review, and the current PTP has not documented the medications that were trialed before Lidoderm patches. The employee does not appear to have tried a first-line therapy prior to Lidoderm patches, and therefore does not appear to be in accordance with MTUS guidelines. **The request for Lidoderm 5% patch, #60, with one refill between 6/11/2013 and 8/23/2013 is not medically necessary and appropriate.**

3. Naproxen Sodium, 550mg, #60 between 6/11/2013 and 8/23/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Part 2, Pain Interventions and Treatments and anti-inflammatory medications, pgs. 11 and 22, which is part of the MTUS

The Physician Reviewer's decision rationale:
The employee has been using naproxen for pain and the treating physician has reported moderate benefit with pain and function on the submitted reports from 4/11/13 through 7/31/13, According to MTUS, this is a satisfactory response. The treating physician also reported side effects with gastroesophageal reflux disease(GERD) symptoms and dyspepsia. MTUS under anti-inflammatory medications, p22, states "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic lower back pain (LBP) and of antidepressants in chronic LBP" The request appears to be in accordance with MTUS guidelines. **The request for Naproxen Sodium, 550mg, #60 between 6/11/2013 and 8/23/2013 is medically necessary and appropriate.**

4. One (1) prescription for Pepcid, 20mg, between 6/11/2013 and 8/23/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the University of Michigan Health System, Gastroesophageal reflux disease (GERD), Ann Arbor (MI): University of Michigan Health System; 2012, May, 12p, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular, pgs. 68-69, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The records show the employee has a long history of reflux or dyspepsia from use of NSAIDs. In 2012 he was using Naproxen and Motrin. Currently, the employee is reported to be using naproxen, but it still causes dyspepsia. MTUS states that in this situation consider adding an H2 antagonist or PPI. The use of Pepcid appears to be in accordance with MTUS criteria. **The request for Pepcid, 20mg, between 6/11/2013 and 8/23/2013 is medically necessary and appropriate**.

5. Four (4) acupuncture visits, between 6/11/2013 and 8/23/2013 is medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The primary treating physician states the employee only had 3 acupuncture sessions, previously. The employee stated these helped, particularly with the neck. The neck pain was reported to be an unfortunate result of chiropractic care for the lower back. The request for 4 sessions of acupuncture for the employee's chronic pain condition or lower back injury appears to be directly in accordance with the MTUS/Acupuncture medical treatment guidelines that suggest a trial of 3-6 sessions. **The request for four (4) acupuncture visits between 6/11/2013 and 8/23/2013 is medically necessary and appropriate.**

/sb

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.

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