

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



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**Notice of Independent Medical Review Determination**

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/22/2013  
Date of Injury: 8/11/2008  
IMR Application Received: 8/14/2013  
MAXIMUS Case Number: CM13-0010574

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Anaprox 550 mg #60** is medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20 mg #60** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Medrox lotion 120 gm** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **Anaprox 550 mg #60** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20 mg #60** is **not medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Medrox lotion 120 gm** 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 claimant is a 47 yo female with an injury dated 08/11/2008. The mechanism of injury was not described. The claimant has neck and low back pain. Diagnoses include cervical disc disease with MRI demonstrating 2mm disc bulging with bilateral neural foraminal stenosis and lumbar disc disease with MRI demonstrating L4-L5 and L5-S1 mild central and mild to moderate right and left neural foraminal stenosis. The treating provider has prescribed Anaprox 550 mg bid, Prilosec 20mg, and Medrox lotion 120gm for pain control.

### 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 Anaprox 550 mg #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 California Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Non-steroidal Anti-inflammatory Drugs (NSAIDs) page 67, which is part of the MTUS.

Rationale for the Decision:

Anaprox is a non-steroidal anti-inflammatory medication (NSAID). The MTUS Chronic Pain Guidelines recommend these medications for the treatment of chronic pain as a second line therapy after acetaminophen. The medical records provided for review indicate that the employee has significant cervical and lumbar disc disease and the medication has proved beneficial for pain control. **The request for Anaprox 550 mg #60 is medically necessary and appropriate.**

**2) Regarding the request for Prilosec 20 mg #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 California Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on NSAIDs, GI Symptoms & Cardiovascular Risk page 68, which is part of the MTUS

Rationale for the Decision:

The MTUS Chronic Pain Guidelines recommend Proton Pump Inhibitors for patients taking NSAIDs with documented Gastrointestinal (GI) distress symptoms or specific GI risk factors. There is no documentation indicating the employee has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the medical records provided for review, the medical necessity for Prilosec has not been established. **The request for Prilosec 20 mg #60 is not medically necessary and appropriate.**

**3) Regarding the request for Medrox lotion 120 gm :**

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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics pages 111-112, which is part of the MTUS.

Rationale for the Decision:

Per the MTUS Chronic Pain Guidelines, Topical Analgesics are “primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.” Medrox is a topical medication which contains a combination of 20% methyl salicylate, 0.0375% Capsaicin, and 5% Menthol. There have been no studies of a 0.0375% formulation of Capsaicin, and there is no current indication that this increase over the recommended amount to treat osteoarthritis at a 0.025% formulation would provide any further efficacy. There are no medical records provided for review necessitating the use of Medrox. **The request for Medrox Lotion 120 gm 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/MCC

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.