

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	4/1/2009
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010918

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20 mg daily is 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 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. 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 20 mg daily is 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 Rheumatology and is licensed to practice in Maryland. 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 52 year old male was injured on April 1, 2009. The mechanism of injury was stated as industrial. No surgery has been reported relative to this injury. The requesting provider's medical report dated July 11, 2013 stated that the patient was having an acute flare of left leg radicular pain and exacerbation of lower back pain. An examination found decreased range of motion of the lumbar spine, positive straight leg raise in both lower extremities, decreased motor strength 4/5 in the left quadriceps muscle and left foot extensors. The diagnosis was sciatica of the left leg and lumbar spine degenerative disc disease. The treatment plan includes Anaprox/Naproxen, prednisone, Prilosec, tramadol and Norco.

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 20 mg daily:

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, NSAIDs, GI Symptoms and Cardiovascular Risks, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 68-69, NSAIDs, GI Symptoms and Cardiovascular Risks which is part of the MTUS.

Rationale for the Decision:

The medical reports provided for review state that this employee is having an acute flare of low back pain with a flare of left leg sciatica, and has been prescribed an NSAID (Anaprox), oral prednisone and Prilosec. Per the MTUS Chronic Pain guidelines, concomitant use of an NSAID and prednisone places the employee at increased risk for a gastrointestinal event. Prednisone acts synergistically with NSAIDs to develop gastrointestinal lesions. Use of an NSAID with prednisone elevates the employee's risk for a gastrointestinal event. **The request for Prilosec 20 mg daily is 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

/dso

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.