

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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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:	8/8/2013
Date of Injury:	10/28/2010
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010986

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Naproxen sodium 550mg is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Mylanta OTC is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Lidoderm 5% is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Pepcid is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **one prescription for Naproxen sodium 550mg is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Mylanta OTC is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Lidoderm 5% is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Pepcid 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 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:**

This is a 46 year old male who sustained a work injury on 10/28/2010 after repetitive lifting movements.

His relevant diagnosis for this case includes: cervical pain, thoracic pain and lumbago, myalgia/myositis, and chronic pain syndrome. The issues related to this case are whether one prescription of Naproxyn sodium 550mg between 7/31/2013-9/20/2013, one prescriptions of Mylanta OTC between 7/31/2013-9/20/2013, one prescription of Lidoderm 5% between 7/31/2013-9/20/2013, and one prescription of Pepcid between 7/31/2013-9/20/13

### **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 one prescription for Naproxen sodium 550mg:**

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, which are part of the 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 Official Disability Guidelines (ODG), NSAID section, which is not part of the MTUS.

Rationale for the Decision:

Official Disability Guidelines indicate that for chronic low back pain, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen and an option for short-term symptomatic relief. In this case, the medical records submitted for review evidence that the employee does obtain relief from chronic pain syndrome with Naproxyn, thus it is medically indicated.

**The request for one prescription for Naproxen sodium 550mg is medically necessary and appropriate.**

**2) Regarding the request for one prescription for Mylanta OTC:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator found that no section of the MTUS was applicable and based its decision on alternative guidelines, Gastroesophageal reflux disease (GERD), University of Michigan Health System, 2012 May.

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 Medline Plus Online.

Rationale for the Decision:

According to the medical literature, "Simethicone is used to treat the symptoms of gas such as uncomfortable or painful pressure, fullness, and bloating." In this case, the medical records submitted for review fail to document that the employee was experiencing symptoms of gas, pressure, fullness or bloating, thus the requested Mylanta is not medically indicated. **The request for one prescription for Mylanta OTC is not medically necessary and appropriate**

**3) Regarding the request for one prescription for Lidoderm 5%:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

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 Official Disability Guidelines (ODG), Lidoderm Patch section, which is not part of the MTUS.

Rationale for the Decision:

Official Disability Guidelines indicate that topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy such as tricyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an automated external defibrillator (AED) such as gabapentin or Lyrica. Guidelines also indicate that this is not a first-line treatment and is only U.S. Food and Drug Administration (FDA) approved for post-herpetic neuralgia. In this case, the documentation submitted for review fails to evidence that a tricyclic or SNRI anti-depressants has been tried and failed. **The request for one prescription for Lidoderm 5% is not medically necessary and appropriate.**

**4) Regarding the request for one prescription for Pepcid:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

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 Official Disability Guidelines (ODG), Proton Pump Inhibitor/Pain section, which is not part of the MTUS.

Rationale for the Decision:

Official Disability Guidelines recommend for patients at risk for gastrointestinal events, proton pump inhibitors. In this case, the medical records submitted for review indicate that the employee has been on chronic non-steroidal anti-inflammatory drugs (NSAIDs) with increased risk of gastrointestinal symptoms, which can be controlled with a proton pump inhibitor. **The request for one prescription for Pepcid 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, 18<sup>th</sup> 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.