MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/5/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/2/2013
Date of Injury:	4/1/2007
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011035

1) MAXIMUS Federal Services, Inc. has determined the request for **two prescriptions of Trazodone 50mg #120 is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **two prescriptions of Prilosec 20mg #60 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 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/30/2013. 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 **two prescriptions of Trazodone 50mg #120 is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **two prescriptions of Prilosec 20mg #60 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 New York. 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 64 year old female who sustained a work related injury on April 1, 2007. Her symptoms include neck pain, shoulder pain, bilateral thumb pain as well as sleep issues and a history of depression. She has been diagnosed with cervical discogenic condition, bilateral impingement syndrome and carpal tunnel syndrome. She has been treated with Trazadone, Prilosec, Flexeril, and use of a TENS unit.

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 two prescriptions of Trazodone 50mg #120:**

   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 Official Disability Guidelines, Trazodone, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 16-17, which is part of the MTUS.

Rationale for the Decision:

There is documentation provided in the medical records indicating the employee has sleep issues related to the work injury. The employee has also been treated for depression with Effexor. The MTUS Chronic pain Guidelines indicate that Trazadone is utilized for the treatment of sleep disorders including insomnia and depression. The medication has anxiolytic and sleep-inducing effects. Given the effectiveness of the medication, medical necessity has been established. **The request for two prescriptions of Trazodone 50 mg #120 is medically necessary and appropriate.**

2) **Regarding the request for two prescriptions of Prilosec 20mg #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 National Guidelines Clearinghouse, which is not a part of MTUS.

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

Rationale for the Decision:

According to the MTUS Chronic Pain guidelines, proton pump inhibitors (PPI) are recommended 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 being over 65 years old, having history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, coricosteroids, 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 employee is not presently maintained on any NSAID medication. **The request for two prescriptions of Prilosec 20mg #60 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

/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.