

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	9/28/2002
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011102

- 1) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg #100 **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 8/6/2013. 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 Omeprazole 20mg #100 **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 Occupational 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented 68-year-old [REDACTED] former licensed vocational nurse who has filed a claim for bilateral knee pain, chronic low back pain, and an inguinal hernia reportedly associated with an industrial injury of September 28, 2002.

Thus far, she has been treated with the following: Analgesic medications; topical compounds; right knee arthroscopy on June 5, 2004; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent limitations in place.

In a utilization review report of August 5, 2013, the claims administrator certified a request for Norco, Motrin, and glucosamine. Prilosec was partially certified. The utilization review decision is very difficult to follow, it is incidentally noted. In an earlier clinical progress note of November 9, 2012, it is stated that the applicant is given a 5-month supply of Norco, Motrin, and Prilosec for stomach protective purposes.

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 Omeprazole 20mg #100:

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 & cardiovascular risk, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 68, which is part of the MTUS.

Rationale for the Decision:

As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a proton pump inhibitor in conjunction with NSAIDs is indicated in employees who are 65 years of age or greater as these more elderly individuals have a heightened risk of adverse gastrointestinal effects. In this case, the employee is 68 years old, and is permanent and stationary. The employee is apparently following up with her primary treating provider once every three to five months. Provision of a 100-capsule supply of Prilosec appears to be indicated in this context, although it is noted that there is a relative lack of recent information attached to the request for independent medical review. **The request for Omeprazole 20mg #100 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

/cmol

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.