MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **12/6/2013**

Employee:	
Claim Number:	
Date of UR Decision:	7/29/2013
Date of Injury:	7/11/2007
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011395

1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325 mg #60 between 7/2/2013 and 9/16/2013 is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg #60 between 7/2/2013 and 9/16/2013 is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Exoten-C 120ml between 7/2/2013 and 9/16/2013 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/29/2013. 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 **Norco 10/325 mg #60 between 7/2/2013 and 9/16/2013** is **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg #60 between 7/2/2013 and 9/16/2013 is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Exoten-C 120ml between 7/2/2013 and 9/16/2013 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 (ABIM), 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 44-year-old who sustained a a work injury on 7/11/2007 after a metal box in which a crane was lifting fell on him. The employee experienced severe pain of head, spine and legs. The employee's diagnosis relevant to this case include: Post concussion syndrome with headaches, Cervicothoracic spine pain with disc bulge at C3-C4, C4-C5, C5-C6, and C6-C7, T6 compression fracture,disc protrusion at T7-T8 and T8-T9, Lumbar spine pain, herniated nucleus pulposus, and bilateral lower extremity radiculopathy, as well as Gastrointestinal problems. These issues are relevant to consider if Norco 10/325mg #60 between 7/2/2013- 9/16/2013, Omeprazole 20mg #60 between 7/2/2013- 9/16/2013, and Exoten-C 120ml between 7/2/2013-9/16/2013 were medically necessary.

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 Norco 10/325 mg #60 between 7/2/2013 and 9/16/2013:**

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 based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, Initial Approaches to Treatment, pg 46-47, and the Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain, page 80, which are part of the MTUS.

Rationale for the Decision:
The Chronic Pain Medical Treatment Guidelines indicate that opioids for chronic back pain "appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (>16 weeks), but also appears limited." The MTUS/ACOEM Guidelines indicate that oral pharmaceuticals are a first-line palliative method. Nonprescription analgesics provide sufficient pain relief for most patients with acute work-related symptoms. If treatment response is inadequate (i.e., symptoms and activity limitations continue), physicians should add prescribed pharmaceuticals or physical methods. The physician should discuss the effectiveness of the medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations. The medical records provided for review do provide sufficient evidence that the employee's chronic pain is due to the injury, and justifies the use of Norco 10/325mg. **The request for Norco 10/325mg #60 between 7/2/2013 and 9/16/2013 is medically necessary and appropriate.**

2) **Regarding the request for Omeprazole 20mg #60 between 7/2/2013 and 9/16/2013:**

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 based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 11, which is part of the MTUS.

Rationale for the Decision:
Chronic Pain Medical Treatment Guidelines indicate "patients taking NSAIDs were more likely to experience an adverse GI event. It is important to note that the median trial duration was only 6 weeks. NSAIDs, GI symptoms & cardiovascular risk; & NSAIDs, hypertension and renal function." After careful review of the medical records and documentation provided, the employee meets the guidelines of omeprazole therapy due to being on Norco as well as having a history of Gastrointestinal issues. Therefore on the above basis the request for Omeprazole 20mg #60 between 7/2/2013 and 9/16/2013 is medically necessary.

The request for omeprazole 20mg #60 between 7/2/2013 and 9/16/2013 is medically necessary and appropriate.

3) **Regarding the request for Exoten-C 120ml between 7/2/2013 and 9/16/2013:**

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 based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 112, which is part of the MTUS.

Rationale for the Decision:
Chronic Pain Medical Treatment Guidelines indicate "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. The number needed to treat for neuropathic conditions was 5.7." After careful review of the medical records and documentation provided, there is no documentation that conventional therapy including Norco was not sufficient for pain control. Therefore on the above basis the request for Exoten-C 120m is not medically necessary. **The request for Exoten-C 120 mg between 7/2/2013 and 9/16/2013 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

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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.