

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/13/2013
Date of Injury:	11/28/2012
IMR Application Received:	8/16/2013
MAXIMUS Case Number:	CM13-0013149

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #30 with 2 refills between 7/1/13 and 11/1/13 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Relafen 750mg #90 with 1 refill between 7/1/13 and 11/1/13 is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 150mg #30 with 1 refill between 7/1/13 and 11/1/13 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/16/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/25/2013. 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 20mg #30 with 2 refills is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Relafen 750mg #90 with 1 refill is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 150mg #30 with 1 refill 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 Physical Medicine and Rehabilitation and Pain Management 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 male patient with a date of injury of November 28, 2012. A utilization review determination dated August 12, 2013 recommended non-certification for Prilosec 20 mg #30 with two refills, Relafen 750 mg #90 with one refill, and tramadol 150 mg #30 with one refill. An orthopedic note dated September 9 2013 identifies subjective complaints including, "increased neck pain rated as 9/10 (not on claim), left shoulder pain rated as 9/10 and lower back pain rated as 8-9/10, which radiates down to the left hip, thigh, and knee. The pain is worse with standing, crouching, and repetitive waist bending/twisting. It is alleviated with medications and injections." Objective examination findings identify reduced range of motion in the left shoulder. The note goes on to identify positive impingement test, neers test, and Hawkins-Kennedy test. Motor strength is reduced in the upper extremities on both sides. Diagnoses include status post left shoulder surgery to remove benign mass, left shoulder rotator cuff syndrome, low back syndrome, lumbar spine rule out herniated nucleus pulposus, and lower extremity radiculitis. Treatment plan goes on to say "I'm requesting authorization for the following medications to be refilled to assist in reducing or aid in resolving the patient signs and symptoms: omeprazole 20 mg, taken as directed twice daily to protect the stomach; flexeril 7.5 mg, taken orally twice daily to reduce muscle spasms; tramadol, taken orally twice daily to reduce pain; and patches, applied as directed on the skin of areas of complaints, to reduce pain and decrease the need for oral medications. An AME report dated August 1, 2013 indicates "current medications include omeprazole, cyclobenzaprine, tramadol, nabumetone, and Xanax." A progress report dated July 7, 2013 include subjective complaints stating "the patient presents to this clinic with complaints of neck pain and

stiffness greater on the left than on the right, left shoulder pain rated 9-10/10, low back pain rated 9-10/10, numerical pain scale, with progressive worsening of left lower extremity radiculitis." Objective findings identify reduced range of motion in left shoulder due to pain and spasm. Upper extremity motor examination reveals reduced strength on the left side. Lumbar spine range of motion is also limited and there's weakness in both lower extremities. Assessment includes "low back syndrome, status post left shoulder surgery, rotator cuff partial tear, right shoulder the label tear, left shoulder rotator cuff syndrome, left shoulder internal derangement, frozen shoulder/adhesive capsulitis, left shoulder anterior benign mass, carpal tunnel syndrome, right fifth finger strain." The treatment plan goes on to state "the following medications were refilled to assist in reducing or aiding in resolving the patient signs and symptoms: Relafen 750 mg #90 to be taken orally as directed twice daily to reduce pain and inflammation; Prilosec 20 mg #60 to be taken as directed twice daily to protect the stomach; Flexeril 7.5 mg #90 a muscle relaxant to be taken as directed twice daily to reduce muscle spasm; tramadol HCL ER 150 mg #30 to be taken as directed once daily to reduce pain."

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 Treatment Utilization Schedule (MTUS)
- Medical Records from: Cliams Administrator

1) Regarding the request for Prilosec 20mg #30 with 2 refills:

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 California Chronic Pain Medical Treatment Guidelines, May 2009, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs 68-69 of 127, Section on GI Symptoms & Cardiovascular Risk, which is a part of the MTUS and the Official Disability Guidelines, (ODG), Pain Chapter, which is not a part of the MTUS.

Rationale for the Decision:

Regarding the request for Prilosec 20 mg #30 with two refills, Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors for patients that are on high-dose NSAIDs, and are therefore at high risk of gastrointestinal events. ODG recommends proton pump inhibitors for patients who have a high-risk for gastrointestinal events. A review of the records in this case, the documentation available for review is clear that the employee is being instructed to take high-dose nonsteroidal anti-inflammatory medication. The requesting physician has indicated that the employee is to take Relafen 750 mg

two times per day. As the employee has been instructed to use high-dose nonsteroidal anti-inflammatories on a consistent basis, the use of Prilosec for gastrointestinal prophylaxis is indicated. **The request for Prilosec 20mg, #30, with 2 refills is medically necessary and appropriate.**

2) Regarding the request for Relafen 750mg #90 with 1 refill:

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

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs 67-69 of 127, Section on NSAIDS, which is a part of the MTUS

Rationale for the Decision:

Regarding the request for Relafen 750 mg #90 with one refill, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended for the treatment of moderate to severe pain in patients that do not have contraindications to their use. A review of the records indicates in this case, that this employee has moderate to severe pain. There is no documentation of any contraindications to the use of NSAIDs. **The request for Relafen 750 mg #90 with one refill is medically necessary and appropriate.**

3) Regarding the request for Tramadol 150mg #30 with 1 refill:

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

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs 75-79 of 127, Section on Criteria For Use Of Opioids, which is a part of the MTUS

Rationale for the Decision:

Regarding the request for tramadol, Chronic Pain Medical Treatment Guidelines state the tramadol is a short acting opiate pain medication which is indicated in the treatment of moderate to severe pain. They recommend that ongoing use of opiate pain medication requires documentation of analgesic effect, improvement in activities of daily living, adverse side effects, and discussion regarding aberrant drug seeking behavior. Additionally, guidelines recommend discontinuation of opioids if there is no improvement in functioning and pain. A review of the records indicates that none of these things have been documented. **The request for Tramadol 150mg #30, with one refill 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.