

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/12/2013
Date of Injury:	7/16/2001
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0013934

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 550mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **Naproxen 550mg** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg** 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 Family Practice, 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 who sustained a work injury on February 4, 1998 which resulted in chronic neck and upper extremity pain. His other medical history included hypertension. A physical exam on August 23, 2010 showed the cervical spine range of motion was normal, but shoulders showed some impingement signs. He was taking Naproxen and Prilosec. An examination on October 1, 2013 indicated he had limited range of motion of the cervical spine and shoulders. There was also shoulder weakness and spasms in the shoulder girdle. A diagnosis of degenerative disc disease of the cervical spine with a radicular component was given as well as upper extremity weakness. The pain level was 6-7/10. Recommendations were for continuing a gym membership for improving activity level as well as the following medications: Flexeril, Naproxen, Protonix, and Remeron. It is to be noted that he has been on NSAIDs such as Naproxen or Etodolac and Prilosec since visits dating back to December 2008 which were continued/refilled almost monthly to the current date.

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 Naproxen 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, Naproxen, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), page 67, which is a part of MTUS.

Rationale for the Decision:

According to the MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. NSAIDs such as Naproxen are not superior to acetaminophen. There is inconsistent evidence for long-term use for neuropathic pain. The prolonged use of NSAIDs can also delay healing of soft tissues, muscles, ligaments, tendons and cartilage. In this case, the employee has been on NSAIDs for years. There is no documentation included in the records provided for review of a trial of alternatives such as acetaminophen. There is risk of non-healing for the duration of time the employee has been on Naproxen. **The request for Naproxen 550mg is not medically necessary and appropriate.**

2) Regarding the request for Prilosec 20mg:

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 and Proton Pump Inhibitors (PPIs), which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, which is part of MTUS.

Rationale for the Decision:

According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of gastrointestinal (GI) events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation in the records provided for review of GI events or anti-platelet use that would place the employee at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. **The request for Prilosec 20mg 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.