

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/12/2013
Date of Injury: 6/21/2010
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0015696

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 36 year old male presenting with neck and upper extremity pain following a work related injury June 21, 2010. The claimant's physical exam was significant for muscle spasms and tenderness on the left side of the neck. Xray of the cervical spine was significant for slight elongation of the transverse process at C7. Xray of the right wrist was significant for evidence of irregularity in the distal third of the right ulna consistent with a nightstick fracture. EMG/NCV studies showed evidence of carpal tunnel syndrome and thoracic outlet syndrome. The claimant was diagnosed with right carpal tunnel syndrome status post carpal tunnel release, intermittent neck pain with myofascial spasms, thoracic outlet syndrome. The claimant's relevant medications include Norco one tab TID for chronic pain, Nortriptyline for neuropathic pain in his upper extremities, Voltaren Gel and Prilosec for gastrointestinal upset with taking pain medication. The claimant has requested authorization for Nortriptyline, Hydrocodone and Omeprazole.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Nortriptyline HCL 25mg #60 is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-depressants, page 13, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Saarto, Tinna et al. Anti-depressants for Neuropathic Pain, The Cochrane Library, 2007, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Nortriptyline is medically necessary for treatment of the claimant's neuropathic pain. The claimant had an EMG/NCV consistent with neurogenic syndrome at C8/T1. Additionally, per California MTUS page 13 recommends, anti-depressants "as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Saarto et al. (The Cochrane Library, 2007) performed a systematic review to determine the analgesic effectiveness and safety of antidepressant drugs in neuropathic pain. The review provided confirmation on the effectiveness of antidepressants for neuropathic pain. There is very limited evidence that some other newer antidepressants, known as SSRIs, may be effective but more studies are needed to confirm this. Neuropathic pain can be treated with antidepressants and the effect is independent of any effect on depression.

2. Hydrocodone/APAP 10/325mg #90 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, "When to Discontinue Opioids", page 79, which is part of the MTUS. The Physician Reviewer also based his/her decision on the J. Ballantyne, et al. Opioid Therapy for Chronic Pain NEJM, 2003; 349: 1943-1953, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Norco for the claimant's chronic pain is not medically necessary Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. Contrary to the previous reviewer's claims, the claimant's medical records did not document that there was an overall improvement in function with continuous opioid therapy. In fact, the claimant continued to report pain. Norco is not medically necessary based on the fact that the claimant did not show an improvement in function. Additionally, per MTUS guidelines the claimant who receives long-term opioids is at risk for Opioid Hyperalgesia and other adverse outcomes.

3. Omeprazole DR 20mg #30 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAID's, GI Symptoms and Cardiovascular risk, page 68, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Khalili, Hamed et al. Use of Proton Pump Inhibitors and risk of hip fracture in relation to dietary and lifestyle factors: a prospective cohort study British Medical Journal, 2012; 344: e 372, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Omeprazole is a proton pump inhibitor (PPI). PPI is not medically necessary due to the risk associated with long-term use. Additionally, Omeprazole is not medically indicated in this case. The California MTUS is not clear on its' criteria for use on this medication; however on page 68 of MTUS, it is stated that long term use of proton pump inhibitors (greater than one year) is

associated with hip fractures.. The peer-reveiwed medical literature does not support long-term use of this medication.

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