

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: **12/17/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/15/2013
Date of Injury: 7/22/2010
IMR Application Received: 8/26/2013
MAXIMUS Case Number: CM13-0016194

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg QTY: 30.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine 7.5mg QTY: 60.00 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin 5/500 mg QTY 60.00 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/15/2013. 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 **Omeprazole 20mg QTY: 30.00** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine 7.5mg QTY: 60.00** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin 5/500 mg QTY 60.00** 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 Orthopedic Surgery, and is licensed to practice in California, Connecticut, Pennsylvania. 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:

The claimant is a 46-year-old gentleman who was injured in a work related accident on July 22, 2010 when he fell from a ladder resulting in acute left shoulder, neck and low back complaints.

Records include recent clinical report dated August 9, 2013 documenting continued complaints of left shoulder pain for which ultrasound evaluation has demonstrated a SLAP lesion. It states that this is a second opinion evaluation for possible surgical intervention. It states he has failed conservative care including medication management, prior steroid injections, analgesic use and passage of time. The left shoulder was with diminished motion to 155 degrees of flexion, moderate tenderness to palpation, mild bicipital tenderness, positive crepitation and 4/5 strength. The claimant's diagnoses were ultrasound confirmed left shoulder SLAP tear and subacromial impingement. The plan at that time was for a left shoulder arthroscopic evaluation, possible distal clavicle excision and labral debridement versus repair. There was indication for continued use of medications including omeprazole, cyclobenzaprine and Vicodin.

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:

1) Regarding the request for Omeprazole 20mg QTY: 30.00 :

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 Medical Treatment Utilization Schedule, (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 68-69, Use of NSAIDs and SSRIs, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on NSAIDs, G I Symptoms & Cardiovascular Risk, which is part of the MTUS.

Rationale for the Decision:

Based on California MTUS Chronic Pain Guidelines, use of Omeprazole would not be supported. While the employee is with chronic complaints of pain and continues to utilize medications, there is no indication of GI induced medication effects or GI risk factors in this case that would support continued use of Omeprazole. **The request for Omeprazole 20mg QTY: 30.00 is not medically necessary and appropriate.**

2) Regarding the request for Cyclobenzaprine 7.5mg QTY: 60.00:

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 Medical Treatment Utilization Schedule, (MTUS) 2009: Chronic Pain Treatment Guidelines, (Page : 41, 64), Use of Flexeril which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Muscle Relaxants, which is part of the MTUS.

Rationale for the Decision:

Based on California MTUS Chronic Pain Guidelines, continued use of cyclobenzaprine would not be supported. Muscle relaxants are to be used with caution as a second line option for chronic pain complaints. Efficacy appears to diminish over time and prolonged use can lead to dependence. Given the employee's timeframe from injury and current diagnoses, there would be no acute indication for continued use of muscle relaxants for a diagnosed SLAP lesion greater than three years from injury. **The request for Cyclobenzaprine 7.5mg QTY: 60.00 is not medically necessary and appropriate**

3) Regarding the request for Vicodin 5/500 mg QTY 60.00:

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 Medical Treatment Utilization Schedule, (MTUS) 2009: Chronic Pain Treatment Guidelines, (Page : 91), Use of Vicodin, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Opioids-Criteria For Use, pgs 76-80, which is part of the MTUS.

Rationale for the Decision:

Based on California MTUS Chronic Pain Guidelines, continued use of short acting opioids would not be indicated. While the employee is noted to be diagnosed with a SLAP lesion for which surgery may or may not take place, it is noted that analgesics have not provided significant benefit in regards to the employee's current complaints. The continued role of this medication thus would not be supported in absence of understanding of benefit. **The request for Vicodin 5/500 mg QTY 60.00 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

/pas

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.