

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/5/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	7/25/2012
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017323

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin 5/500mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Naprosyn 500mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin 300mg #90 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 7/11/2013. 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 **Vicodin 5/500mg #90** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Naprosyn 500mg #60** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin 300mg #90** 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, has a subspecialty in Preventive Medicine 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:

The patient is a 43 year old male who sustained an injury in July 25, 2012 with resultant back, shoulder and hip pain. An examination report on September 23, 2013 noted the claimant had back pain 7/10, shoulder pain 5/10 and hip pain 9/10. His medications for pain control included, Naprosyn, Vicodin, Neurontin and Ultram. An MRI from September 12, 2013 indicated left shoulder tendinosis. An MRI from April 12, 2013 indicated discogenic changes and lumbar annular fissures. Examination findings included limited range of motion due to pain in the aforementioned areas as well as a positive leg raise. He also had a slow antalgic gait. It is to be noted that the claimant was on the above medications regimen regularly since at least February 1, 2013.

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 Vicodin 5/500mg #90:

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, Opioids for Chronic Back Pain, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pages 75-89, which are a part of MTUS.

Rationale for the Decision:

Vicodin is a short-acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated as a first line therapy for neuropathic pain and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term-use has not been supported by any trials. In this case, the employee has been on Vicodin for at least 7 months with no improvement in pain scale, according to the records provided for review. In addition, the employee is also taking another opioid (Ultram). It has not been shown that the use of two short acting opioids are beneficial in combination. **The request for Vicodin 5/500mg #90 is not medically necessary and appropriate.**

2) Regarding the request for Naprosyn 500mg #60:

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, page 73, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pages 67-73, which are 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. The employee has been on Naproxen for at least 7 months with no significant improvement in pain scales or functional capacity, per the medical records provided for review. **The request for Naprosyn 500mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Neurontin 300mg #90:

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 49, which is a part of MTUS.

Rationale for the Decision:

According to the chronic pain guidelines, Neurontin (Gabapentin) is effective for diabetic neuropathic pain and post-herpetic neuralgia and has been considered a first line therapy for neuropathic pain. In this case, the records provided for review indicate that the employee does not have the above medical conditions that would require Gabapentin. Gabapentin is not FDA-approved for chronic pain conditions not related to diabetic neuropathy or post-herpetic neuralgia. **The request for Neurontin 300mg #90 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.