

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: 8/12/2013
Date of Injury: 3/10/2009
IMR Application Received: 8/28/2013
MAXIMUS Case Number: CM13-0017426

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Prilosec 20mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Medrox patches 5% #30 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 retrospective request for **Prilosec 20mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Medrox patches 5% #30 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:

This 44 year old male claimant sustained work injury on March 10, 2009 which resulted in chronic back pain with a diagnosis of lumbar radiculopathy and lumbar fusion. Prior treatments included acupuncture, caudal injections and Norco (since October 4, 2012). There has been no mention of gastrointestinal events and Prilosec has been prescribed since at least April 5, 2013. A recent progress note from July 1, 2013 indicated an 8/10 for low back pain, decreased strength in legs and difficulty with transfers and walking. A recommendation for exercises and aquatic therapy was made. Medications at the time included Norco, gabapentin, Soma and Xanax. A progress note on July 19, 2013 had similar findings with the addition of Prilosec (Omeprazole) noted on the medication list.

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 retrospective request for Prilosec 20mg #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, NSAIDs, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pages 68-69, which are part of the MTUS.

Rationale for the Decision:

There was no mention of NSAID use in the records submitted for review that would require gastrointestinal (GI) protection with a proton pump inhibitor such as Prilosec. According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the employee at risk. **The retrospective request for Prilosec 20mg #60 is not medically necessary and appropriate.**

2) Regarding the retrospective request for Medrox patches 5% #30:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 112-113, which are part of the MTUS.

Rationale for the Decision:

The requested Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. Furthermore, there is no documentation in the records provided for review to support the employee's need for the Medrox or the pain response obtained from using it. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. **The retrospective request for thirty patches of Medrox 5% 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.