

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



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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:	8/15/2013
Date of Injury:	11/11/2008
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017573

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Bitartrate powder is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ranitidine HCL powder 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 8/15/2013. 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 **Bitartrate powder** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ranitidine HCL powder** is not **medically necessary and appropriate**.

### Medical Qualifications of the Expert Reviewer:

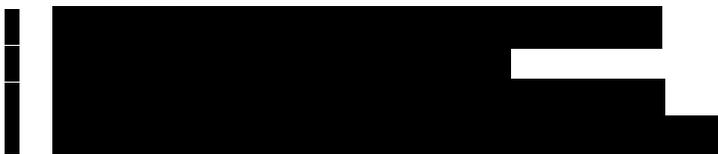
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The 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 patient is a 37 year old male with a date of injury of 11/11/2008. A supplemental AME report dated 5/2/13 states that the mechanism of injury was "tripped over trash and fell 3 feet down landing on R side." The patient underwent physical therapy, acupuncture, a greater trochanteric bursa injection, and was placed on modified work. The most recent progress report available for review is dated 8/27/13. Subjective complaints at that time state "s/p 3 LESI with good (illegible)." Objective findings are illegible. Diagnoses include "lumbar sciatica, lumbar herniated disc, lumbar myelopathy." The treatment plan includes Vicodin and voltaren gel. The remainder of the treatment plan is illegible. Previous progress reports dated 7/23/13, and 6/25/13 are similarly illegible. A progress report dated 5/29/13 identifies subjective complaints including "C/O lower back pain 4-5/10 with pain radiating to right thigh and numbness." A Utilization Review decision was rendered on 8/15/13 recommending non-certification for hydrocodone, bitartrate powder, and HCL powder.

### 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 Bitartrate powder :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Bitartrate powder, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Dorland's Medical Dictionary 2007: Bitartrate.

Rationale for the Decision:

According to Dorland's Medical Dictionary, bitartrate is any salt containing the anion C<sub>4</sub>H<sub>5</sub>O<sub>6</sub>. Bitartrate is frequently combined with medications to create an orally bioavailable delivery system for the medication. Bitartrate in isolation is not used in the treatment of any medical conditions. The requesting physician has provided no peer reviewed scientific literature supporting the use of bitartrate for the treatment of any medical condition. **The request for bitartrate powder is not medically necessary and appropriate.**

**2) Regarding the request for Ranitidine HCL powder :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Mosby's Drug Consult, which is not a part of the MTUS.

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

Rationale for the Decision:

Ranitidine HCL powder is an H<sub>2</sub> receptor antagonist. The MTUS Chronic Pain Guidelines recommend the use of H<sub>2</sub> receptor antagonists for the treatment of dyspepsia secondary to NSAID therapy. In the documentation provided for review, the requesting physician has not identified that the employee has dyspepsia complaints related to NSAID therapy. Additionally there is no indication that this employee is at high risk for the development of dyspepsia or other GI conditions. **The request for Ranitidine HCL powder 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:

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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.