

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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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: 10/18/2011
IMR Application Received: 8/29/2013
MAXIMUS Case Number: CM13-0018127

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 550 mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20 mg #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 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 **Naproxen 550 mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20 mg #60 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 Internal 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 reported an injury on 10/18/2011 with the mechanism of injury being a cumulative trauma. The patient was noted to have bilateral knee pain, tenderness over the parapatellar, positive patella grind, positive for left shoulder impingement, and positive McMurray's sign on the right. The diagnoses were stated to include chronic left shoulder pain with impingement and biceps tenosynovitis status post injection times 1, chronic knee pain, status post arthroscopy with lateral release on 04/10 and left knee quadriceps strain, patella tendinitis from overcompensating. The treatment was noted to include naproxen 550 mg 1 by mouth twice a day #60 and omeprazole 20 mg 1 by mouth twice a day.

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:

[REDACTED]

1) Regarding the request for Naproxen 550 mg #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 67, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 26, which is part of MTUS.

Rationale for the Decision:

CA MTUS Guidelines recommend Naproxen for the relief of signs and symptoms of osteoarthritis. The physical examination dated 06/12/2013 revealed the employee had subjective complaints of bilateral knee pain, right 5/10 to 6/10, and left knee 3/10 to 4/10. The employee was noted to have a clicking and burning sensation to the right knee with pins and needles. The employee reported that stairs were worse on the right knee. The employee also complained of constant left shoulder pain 5/10 to 6/10 with tenderness to the lateral deltoid region to the mid-scapular region. The employee was noted to be working modified duty as a dispatcher. The employee was noted to be performing home exercises and going to a gym to tolerance. The physical objective examination revealed the employee had decreased painful loss of motion on forward flexion of 180 degrees, on abduction of 165 degrees. The employee was noted to have tenderness to palpation over the left anterolateral shoulder. The employee's right knee was noted to be tender over the patellar, was positive for quad weakness, was positive for the patella grind, and was positive for left shoulder impingement. The employee was noted to have a positive McMurray's on the right. The medical records submitted for review failed to show the employee had osteoarthritis and failed to show the efficacy of the requested medication. **The request for Naproxen 550 mg #60 is not medically necessary and appropriate.**

2) Regarding the request for Omeprazole 20 mg #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 68, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, PPI, page 68, which is part of MTUS.

Rationale for the Decision:

CA MTUS recommend treatment of dyspepsia with a proton-pump inhibitor secondary to NSAID therapy. The medical records submitted for review failed to show the employee had signs and symptoms of dyspepsia and failed to show the efficacy of the requested medication. **The request for Omeprazole 20 mg #60 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

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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.