

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

8/26/2013

6/18/2008

9/3/2013

CM13-0019616

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **120 Omeprazole DR, mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **120 Orphenadrine, 100mg is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **120 Gabapetin, 600mg is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **120 gm, Medrox ointment is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/26/2013. 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 **120 Omeprazole DR, mg** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **120 Orphenadrine, 100mg** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **120 Gabapetin, 600mg** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **120 gm, Medrox ointment** 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, has a subspecialty in Rheumatology 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 41 year old male has reported chronic right shoulder and lower back pain. He has been diagnosed with right shoulder impingement, right shoulder degenerative arthritis and lumbar spine radiculitis. Treatment has included medications. There are no documented procedures included in the medical records. The patient has been taking Neurontin since 03/2009 per the available documentation. Per the MTUS guidelines cited above, Neurontin is a first line agent for neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy, diagnoses which are not documented. Furthermore, there is no documentation in the available medical records of first line treatments recommended for shoulder pain and low back pain, namely acetaminophen or a trial of an NSAID. Gabapentin is not indicated as medically necessary per the MTUS guidelines.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for 120 Omeprazole DR, mg:

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 The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, GI symptoms & Cardiovascular risk section, pp. 68-69, which is a part of MTUS

Rationale for the Decision:

The employee has reported chronic right shoulder and lower back pain, and has been diagnosed with right shoulder impingement, right shoulder degenerative arthritis and lumbar spine radiculitis. Treatment has included medications. There are no documented procedures included in the medical records provided for review. The employee has been taking Prilosec since 03/2009. The medical records do not discuss the specific signs and symptoms of any gastrointestinal conditions or specific risk factors indicating the need for a proton pump inhibitor. The medical records do not discuss the specific results of taking chronic Prilosec. No reports discuss the specific risk factors for gastrointestinal complications in this employee. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures. There is also medical evidence that chronic PPI's increase the risk of wrist and spine fractures as well as clostridium difficile colitis. Omeprazole is not indicated based on the lack of medical necessity according to the MTUS, and risk of toxicity. **The request for 120 Omeprazole DR, mg is not medically necessary and appropriate**

2) Regarding the request for 120 Orphenadrine, 100mg:

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 (May 2009), which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants page 63, Shoulder Complaints page 204, Low Back Complaints page 308, which is a part of MTUS.

Rationale for the Decision:

The employee has reported chronic right shoulder and lower back pain, and has been diagnosed with right shoulder impingement, right shoulder degenerative arthritis and lumbar spine radiculitis. Treatment has included medications. There are no documented procedures included in the medical records provided for review. There are no documented procedures included in the medical records. The employee has not been taking orphenadrine, a muscle relaxant, per the medical records at the time of request of this medication in 08/2013. The employee was taking Zanaflex, a short acting muscle relaxant, per documentation in 03/2009, however the duration of treatment is not indicated. Per the MTUS guidelines cited above, Orphenadrine is a second line option for treatment of an acute exacerbation of musculoskeletal pain of the shoulder and lower back and is not recommended as first line therapy for either of these conditions. There is no clear benefit beyond the use of non-steroidal antiinflammatory analgesics (NSAIDs), and no increase in benefit when used with an NSAID for an acute exacerbation of pain. There is no evidence per the available documentation of an acute exacerbation of pain at the time of request. There is no documentation of a trial of first line therapy (either NSAID or acetaminophen therapy) prior to this medication request. **The request for 120 Orphenadrine, 100mg is not medically necessary and appropriate.**

3) Regarding the request for 120 Gabapetin, 600mg:

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 the California MTUS Guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-epileptic Medications section, page 49; Shoulder Complaints page 204, Low Back Complaints 308, which is a part of MTUS.

Rationale for the Decision:

The employee has reported chronic right shoulder and lower back pain, and has been diagnosed with right shoulder impingement, right shoulder degenerative arthritis and lumbar spine radiculitis. Treatment has included medications. There are no documented procedures included in the medical records provided for review. There are no documented procedures included in the medical records. The employee has been taking Neurontin since 03/2009 per the available documentation. Per the MTUS guidelines cited above, Neurontin is a first line agent for neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy, diagnoses which are not documented. Furthermore, there is no documentation in the available medical records of first line treatments recommended for shoulder pain and low back pain, namely acetaminophen or a trial of an non-steroidal antiinflammatory analgesics (NSAID). **The request for 120 Gabapetin, 600mg is not medically necessary and appropriate.**

4) Regarding the request for 120 gm, Medrox ointment :

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 a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Capsacacin section, page 28; Shoulder Complaints page 204;, Low Back Complaints 308, which is a part of MTUS.

Rationale for the Decision:

The employee has reported chronic right shoulder and lower back pain, and has been diagnosed with right shoulder impingement, right shoulder degenerative arthritis and lumbar spine radiculitis. Treatment has included medications. There are no documented procedures included in the medical records provided for review. There are no documented procedures included in the medical records. The employee has been using Medrox ointment since 07/2011. Medrox is a compounded formulation of Capsacacin, Salicylate and Menthol. Per the MTUS guidelines, compounds that contain at least one drug that is not recommended, cannot be recommended. Capsacacin is recommended only as an option in patients who have not responded to other agents or who are intolerant to other treatments. There is no documentation of failure of other treatments for this patient's shoulder and back pain. Furthermore, the concentration of capsacacin found in Medrox (.0375%) is considered experimental and therefore not recommended. There is no medical evidence to indicate the use of Menthol in chronic pain and there are no long term studies regarding the safety or efficacy of topical salicylate. **The request for 120 gm, Medrox ointment 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

/sce

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.