
Notice of Independent Medical Review Determination

Dated: 9/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

9/3/2007

7/12/2013

CM13-0001300

- 1) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Anaprox 550mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Prilosec 20 mg #30 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 a prescription of Anaprox 550mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Prilosec 20 mg #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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013

"The patient is a 62 year-old male. The date of injury was September 2, 2007. The mechanism of injury is not noted. The accepted injury is to the left hip. The current diagnoses are: Lumbar strain; disc bulging; lumbar spine; sacroiliac dysfunction; insomnia. Treatment has included: Medications; acupuncture.

In the most recent report on file , dated May 29, 2013, Dr. [REDACTED] notes: Subjective: Mr. [REDACTED] is here for follow-up after the procedure. He is status-post trigger point injection to the cervical spine on May 9, 2013. He reports that his left hip pain level has remained unchanged since his last visit. Patient rates his pain as 1 on a scale of 0 to 10 with 10 having the worst pain possible and 0 having no pain at all. Medications are helping. Objective: Blood pressure is 148/89. Tenderness and a trigger point was obtained along with radiating pain on palpation of the lumbar spine. Right Hip: Inspection of the hip joint reveals no erythema, swelling, atrophy or deformity. No tenderness is noted on palpation. Ober's was negative bilaterally."

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 for Independent Medical Review (dated 7/12/2013)
- Utilization Review from [REDACTED] (dated 7/8/2013)
- Medical Records from [REDACTED], MD, QME (dated 2/7/13-5/29/13)

- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments pgs. 58-60

1) Regarding the request for a prescription of Anaprox 550mg #30:

Medical Treatment Guideline(s) 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), pgs. 59-60, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the left hip on 9/3/2007. The medical records provided for review indicate diagnoses include lumbar strain, sacroiliac dysfunction, trochanteric bursitis, and insomnia. Treatments have included acupuncture, medications, and trigger point injections. The request is for Anaprox 550mg #30.

MTUS Chronic Pain guidelines recommend NSAIDs as a first-line therapy, but do not recommend NSAIDs for those diagnosed with hypertension. The medical record of 5/29/13 indicates a blood pressure of 148/89, and document a reported pain level of 1/10 on a scale of ten. The request for Anaprox 550mg #30 **is not medically necessary and appropriate.**

2) Regarding the request for a prescription of Prilosec 20 mg #30:

Medical Treatment Guideline(s) 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), Part 2, Pain Interventions and Treatments pgs. 58, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the left hip on 9/3/2007. The medical records provided for review indicate diagnoses include lumbar strain, sacroiliac dysfunction, trochanteric bursitis, and insomnia. Treatments have included acupuncture, medications, and trigger point injections. The request is for Prilosec 20mg #30.

MTUS Chronic Pain guidelines recommend proton pump inhibitors for those taking NSAIDs or those with gastrointestinal (GI) risk factors such as ulcers or

reflux disease. The medical records provided for review do not document any of the GI risk factors for Prilosec. The request for Prilosec 30mg #30 **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

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.