**MAXIMUS FEDERAL SERVICES, INC.**
Independent Medical Review
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(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

## Notice of Independent Medical Review Determination

Dated: 11/25/2013

[redacted]

[redacted]

| | |
|---|---|
| Employee: | [redacted] |
| Claim Number: | |
| Date of UR Decision: | 7/3/2013 |
| Date of Injury: | 4/7/2003 |
| IMR Application Received: | 7/15/2013 |
| MAXIMUS Case Number: | CM13-0001552 |

1) MAXIMUS Federal Services, Inc. has determined the requested for **Norco 10/325mg #120 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the requested for **Prilosec 20mg #90 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 requested for **Norco 10/325mg #120 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the requested for **Prilosec 20mg #90 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, 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 3, 2013:

BRIEF CLINICAL SUMMARY:
"This 52 year-old female was injured 4/7/03. The mechanism of injury was repetitive gripping and grasping. The carrier has accepted the claim for the upper extremities and the left shoulder. A cervical MRI was completed on 10/18/07 and revealed disc desiccation from C2-C7, minor 1-2 mm bulges at C3-4 through C5-6, and no significant impingement was identified. Left shoulder MRI on 4/28/03 revealed degenerative joint disease of the glenohumeral joint. No surgery has been reported to this reviewer relative to this injury. The requesting provider's medical report dated 6/26/13 stated that the patient complained of left shoulder pain. She does not want surgery (total shoulder). Objective: Documented left shoulder ROM. Diagnosis: Shoulder DJD. Treatment Plan and request: Norco, Naprosyn, Prilosec."

**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
- Utilization Review by [redacted]
- Employee's Medical Records by [redacted] MD (dated 6/20/12 thru 6/26/13)
- Chronic Pain Medical Treatment Guidelines, Opioids, pain treatment agreement, pg 89

1) **Regarding the request for Norco 10/325mg #120:**

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 (2009), Opioids, pain treatment agreement, pg 89, which is part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Opioids, pg. 89, which is a part of the MTUS.

Rationale for the Decision:
The employee had a repetitive injury of the left upper extremity. The employee received surgical treatment and debridement of the glenohumeral joint 9 yrs ago. Medications include Norco, Naprosyn and glucosamine for pain management along with Prilosec. The request is for Norco 10/325mg #120.

A review of the records indicates that the employee had a permanent and stationary work related injury. The employee received analgesics from the provider who had documented the chronic nature of the disability as outlined in the visit on June and Sept 2012. However a refill was noted in March of 2013. An appointment request was made for June 2013. There is no documentation of a physician visit or evaluation substantiating the need for continued medication. As noted in the MTG guidelines, refills should be given during office visits. **The request for Norco 10/325mg #120 is not medically necessary and appropriate.**

2) **Regarding the request for Prilosec 20mg #90:**

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 (2009), Pain, NSAIDs, GI symptoms, and cardiovascular risk, pg. 68, which is part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 68, which is a part of the MTUS.

Rationale for the Decision:
The employee had a repetitive injury of the left upper extremity. The employee received surgical treatment and debridement of the glenohumeral joint 9 yrs ago. Medications include Norco, Naprosyn and glucosamine for pain management along with Prilosec. The request is for Prilosec 20mg #90.

A review of the records indicated that there was no documentation of a physician visit supporting the refills of Norco or Naprosyn since Sept 2012. As a result Prilosec cannot be justified for gastrointestinal protection. Chronic use of Prilosec

has increased risks. In addition, injection steroids and acupuncture amongst other modalities offer alternatives to chronic pain management. Physical therapy modalities for shoulder strengthening should be coexisting. The MTUS guidelines page 68 for “GI symptoms related to NSAID Use “ for greater than 1 year is related to hip fracture and for high GI risk patients a more selective agent such as a COX inhibitor should be used plus a proton pump inhibitor is needed. **The request for Prilosec 20mg #90 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

/pr

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.