MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/8/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/1/2013
Date of Injury:	10/4/2001
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001564

1) MAXIMUS Federal Services, Inc. has determined the request 1 prescription of Amitiza 24 mg **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Dexilant 60 mg **is 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 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2012. 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 1 prescription of Amitiza 24mg **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Dexilant 60 mg **is 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 Occupational 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 1, 2013:

"The employee sustained an industrial injury on October 4, 2001 while working as a butcher. Diagnoses include complex regional pain syndrome, right upper extremity; bowel and bladder incontinence; gastropathy secondary to medication use, depression, fibromyalgia, and chronic pain syndrome."

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 (received 7/15/13)
- Utilization Review Determination (dated 7/1/13)
- Employee medical records from [redacted] MD (dated 6/28/12-6/6/13)
- Employee medical records from [redacted], PSYD (dated 7/25/12-1/16/13)
- Employee medical records from [redacted] MD (dated 11/13/12-2/12/13)
- Employee medical records from [redacted] MD (dated 7/6/12-5/8/13)
- Employee medical records from [redacted] MD (dated 9/11/12-6/11/13)
- Employee medical records from [redacted] (dated 5/8/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 68-83

1) **Regarding the request for 1 prescription of Amitiza 24mg:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator did not cite any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 177 which are part of the Medical Treatment Utilization Schedule (MTUS) and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee sustained an industrial injury on October 4, 2001 while working as a butcher. The medical records submitted for review indicate the diagnoses of complex regional pain syndrome, right upper extremity, bowel and bladder incontinence, gastrophy secondary to medication use, depression, fibromyalgia, and chronic pain syndrome. Treatments have included right hand surgery and medication management. The request is for Amitiza 24 mg.

The MTUS Chronic Pain guidelines indicate that prophylactic treatment of constipation should be initiated in those individuals using opioid therapy. The employee's medical records submitted for review indicate that the employee is prescribed opioids and has tried numerous laxatives at various points in time for the symptoms of constipation. Amitiza is a laxative agent. The request for Amitiza 24 mg is medically necessary and appropriate.

2) **Regarding the request for 1 prescription of Dexilant 60 mg:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) which is not part of the Medical Treatment Utilization Schedule (MTUS. The provider did not dispute the guideline used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg.69 of 127 which is part of the MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee sustained an industrial injury on October 4, 2001 while working as a butcher. The medical records submitted for review indicate the diagnoses of complex regional pain syndrome, right upper extremity, bowel and bladder incontinence, gastrophy secondary to medication use, depression, fibromyalgia, and chronic pain syndrome. Treatments have included right hand surgery, and medication management. The request is for Dexilant 60 mg.

The MTUS Chronic Pain guidelines indicate usage of proton pump inhibitors such as Dexilant in those individuals who develop dyspepsia secondary to NSAID usage. The medical records submitted for reviews indicate that the employee was on Naprosyn for pain management and has tried several other

proton pump inhibitors, including omeprazole, but has failed to acquire relief from the GI symptoms. The records indicate Dexilant is more effective for the employee than omeprazole. The request for Dexilant 60 mg is 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

/hs

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.