MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/20/2013

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] who has filed a claim for chronic ankle pain, reportedly associated with an industrial injury of July 27, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; apparent diagnosis with an Achilles tendon rupture; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 9, 2013, the claim's administrator denied a request for an outpatient office visit, retrospectively certified 1/6 prior primary treating physician's progress reports, certified a prescription for naproxen, non-certified a request for omeprazole, and conditionally non-certified request for temazepam.

An earlier note of May 30, 2013 is notable for comments that the applicant reports severe, throbbing right ankle pain. There is right calf atrophy and a nodule over the Achilles tendon noted. The applicant is asked to pursue physical therapy and acupuncture while employing Norco, Naprosyn, and Ambien for pain relief. The applicant remains off of work, on total temporary disability. Prilosec was also prescribed.

A later note of June 26, 2013 is again notable for comments that the applicant reports severe, throbbing ankle pain. The applicant is again described using Norco for pain relief. The applicant is asked to remain off of work, on total temporary disability, until September 1st.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Retrospective request for 1 office or other outpatient visit for evaluation and management of an established patient between 5/30/13 and 5/30/13 is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 14 (Ankle and Foot complaints) (2004), pg 372, which is a part of the MTUS and the Official Disability Guidelines, Medicine /Evaluation and Management, which is not a part of the MTUS.

The Physician Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), pg.372 Followup visits, which is a part of the MTUS.

The Physician Reviewer's decision rationale:
As noted in the MTUS-adopted ACOEM Guidelines in chapter 14, the frequency of followup visits is dictated by an applicant's work status. A review of the records indicates that in this case, the fact that the employee remained off of work does make a case for the office visit in question. The request for **Retrospective request for 1 office or other outpatient visit for evaluation and management of an established patient between 5/30/13 and 5/30/13 is medically necessary and appropriate.**

2. Retrospective request for 6 primary treating physician's progress reports between 5/30/13 and 5/30/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Medicine /Evaluation and Management, which is not a part of the MTUS. .

The Physician Reviewer based his/her decision on the General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) pg.36-37, Privacy of Records, which is a part of the MTUS.

The Physician Reviewer's decision rationale:
While the MTUS-adopted ACOEM Guidelines in chapter 2 do support intermittent reporting of medical evaluations, a review of the records provided in this case, however, it is unclear why six specific medical reports were needed on one office visit on May 30, 2013. The **retrospective request for 6 primary treating physician's progress reports between 5/30/13 and 5/30/13 is not medically necessary and appropriate.**

3. Retrospective request for Omeprazole DR 20mg #60 between 5/30/13 and 5/30/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms and Cardiovascular Risk, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 69-71 of 127, NSAIDs, which is a part of the MTUS.

The Physician Reviewer's decision rationale:
While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton-pump inhibitor such as omeprazole in the treatment of NSAID-induced dyspepsia, after a review of the records submitted, in this case, there is no specific mention of active signs or symptoms of dyspepsia, either NSAID induced or stand-alone. **The retrospective request for Omeprazole DR 20mg #60 between 5/30/13 and 5/30/13 is not medically necessary and appropriate.**

4. Retrospective request for Temazepam 30mg #60 is not medically necessary and appropriate.

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 24 of 127, Benzodiazeprines, which is a part of the MTUS.

The Physician Reviewer's decision rationale:
As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use, either for anxiety, anticonvulsant purposes, hypnosis, or depression. A review of the records provided indicates that in this case, it is further noted that the employee has used this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the employee remained off of work, on total temporary disability, and continued to numerous analgesic medications implies a lack of functional improvement as defined in section 9792.20f. Therefore, the request for temazepam is retrospectively non-certified both owing to the grounds that temazepam is not recommended for chronic purposes and on the grounds that there is no evidence of functional improvement effected through prior usage of the same. The **Retrospective request for Temazepam 30mg #60 is not medically necessary and appropriate.**

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.

[redacted]

CM13-0001579