
Notice of Independent Medical Review Determination

Dated: 9/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

3/15/2006

7/16/2013

CM13-0001636

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for Norco 10/325 mg #165 refills 2 Qty. 495 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Terazosin 1 mg Qty. 60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for Simvastatin 80mg Qty. 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for Omnicef 30mg Qty. 60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the retrospective request for Bactrim DS Qty. 1 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the retrospective request for Naprosyn 500mg Qty. 60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/5/2013. 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 retrospective request for Norco 10/325 mg #165 refills 2 Qty. 495 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Terazosin 1 mg Qty. 60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for Simvastatin 80mg Qty. 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for Omnicef 30mg Qty. 60 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the retrospective request for Bactrim DS Qty. 1 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the retrospective request for Naprosyn 500mg Qty. 60 **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 5, 2013

“CLINICAL SUMMARY: [REDACTED] is a 52 year old(DOB: 05/22/60)male Maintenance Tech (DOH: 10/16/05) for [REDACTED] who was moving a desk while at work on 03/15/06, injuring his left ankle. He is currently not working. The left ankle has been accepted by the carrier. The carrier has objected the claim for low back and hip.”

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 7/16/13)
- Utilization Review Determination (dated 7/5/13)
- Chronic Pain Guidelines (2009)
- Addendum Letter from [REDACTED] (dated 4/17/13)
- Medical Report from [REDACTED] (dated 6/22/12)
- Medical Report from [REDACTED] (dated 4/8/13)
- Medical Report from [REDACTED] (dated 9/17/12)
- Medical Report from [REDACTED] (dated 8/3/12)
- X-ray report (dated 11/28/12)
- Medical Records from [REDACTED] (dated 6/14/12 – 1/3/13)
- Medical Records from [REDACTED] (dated 12/14/12 – 6/24/13)
- Medical Records from [REDACTED] (dated 1/31/13 – 5/9/13)
- Medical Records from [REDACTED] (dated 3/27/13 – 4/10/13)

1) Regarding the retrospective request for Norco 10/325 mg #165 refills 2 Qty. 495:

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), Norco, pg. 91, 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/15/06 the employee sustained a work related injury to the left ankle. The medical records indicate there has been ongoing left ankle pain with osteoarthritis and right ankle osteochondral lesion. Treatment included; analgesics medications, TENS unit, topical steroid cream, X-rays and MRI. A retrospective request was submitted for Norco, Terazosin, Simvastatin, Omnicef, Bactrim and Naprosyn.

MTUS 2009 Chronic Pain Medical Treatment Guidelines state Norco is “indicated for moderate to moderately severe pain”. However, the lowest possible dose should be prescribed to improved pain and function. The medical records reviewed indicate a 3 month supply of Norco was prescribed on 4/9/13 but there was no documentation of a follow-up appointment to optimize efficacy of this medication and achieve the lowest dose appropriate for treatment of chronic pain. The records fail to document the benefits of this medication. The request for Norco 10/325mg #165 refills Qty: 495 **is not medically necessary and appropriate.**

2) Regarding the retrospective request for Terazosin 1 mg Qty. 60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on www.drugs.com – Terazosin hydrochloride, a nationally recognized professional standard, which is not part of the Medical Treatment Utilization Schedule (MTUS) and is not a medical treatment guideline (MTG). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS or MTG was applicable or relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/15/06 the employee sustained a work related injury to the left ankle. The medical records indicate there has been ongoing left ankle pain with osteoarthritis and right ankle osteochondral lesion. Treatment included; analgesics medications, TENS unit, topical steroid cream, X-rays and MRI. A retrospective request was submitted for Norco, Terazosin, Simvastatin, Omnicef, Bactrim and Naprosyn.

Drugs.com indicates Terazosin is used in the treatment of Benign Prostatic Hypertrophy. The medical records reviewed did not indicate that the employee has Benign Prostatic Hypertrophy. The request for Terazosin **is not medically necessary and appropriate.**

3) Regarding the retrospective request for Error! Reference source not found.:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on www.drugs.com – Simvastatin, a nationally recognized professional standard, which is not part of the Medical Treatment Utilization Schedule (MTUS) and is not a medical treatment guideline (MTG). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS or MTG was applicable or relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/15/06 the employee sustained a work related injury to the left ankle. The medical records indicate there has been ongoing left ankle pain with osteoarthritis and right ankle osteochondral lesion. Treatment included; analgesics medications, TENS unit, topical steroid cream, X-rays and MRI. A retrospective request was submitted for Norco, Terazosin, Simvastatin, Omnicef, Bactrim and Naprosyn.

Drugs.com indicates Simvastatin is used in the treatment of hyperlipidemia. The medical records reviewed did not indicate that the employee has hyperlipidemia. The request for Simvastatin **is not medically necessary and appropriate**

4) Regarding the retrospective request for Omnicef 30mg Qty. 60 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on www.drugs.com – Omnicef (cefdinir), a nationally recognized professional standard which is not part of the Medical Treatment Utilization Schedule (MTUS) and is not a medical treatment guideline (MTG). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS or MTG was applicable or relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/15/06 the employee sustained a work related injury to the left ankle. The medical records indicate there has been ongoing left ankle pain with osteoarthritis and right ankle osteochondral lesion. Treatment included; analgesics medications, TENS unit, topical steroid cream, X-rays and MRI. A retrospective request was submitted for Norco, Terazosin, Simvastatin, Omnicef, Bactrim and Naprosyn.

Drugs.com indicates Omnicef is used to treat skin and soft tissue infections and “should only be used to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria”. The medical records reviewed did not the presence of an infection caused by susceptible bacteria. The request for Omnicef **is not medically necessary and appropriate**

5) Regarding the retrospective request for Bactrim DS Qty. 1:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on www.drugs.com – Bactrim (sulfamethoxazole and trimethoprim), a nationally recognized professional standard which is not part of the Medical Treatment Utilization Schedule (MTUS) and is not a medical treatment guideline (MTG). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS or MTG was applicable or relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/15/06 the employee sustained a work related injury to the left ankle. The medical records indicate there has been ongoing left ankle pain with osteoarthritis and right ankle osteochondral lesion. Treatment included; analgesics medications, TENS unit, topical steroid cream, X-rays and MRI. A retrospective request was submitted for Norco, Terazosin, Simvastatin, Omnicef, Bactrim and Naprosyn.

Drugs.com indicates Bactrim is used to treat skin and soft tissue infections and “should only be used to treat established and antibiotic resistant skin infections”. A review of the medical records did not indicate any antibiotic drug resistance and there are no indications or presence of a skin or soft tissue resistant infection. The request for Bactrim **is not medically necessary and appropriate**

6) Regarding the retrospective request for Naprosyn 500mg BID Qty. 60:

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), NSAIDS, pg. 68, 70, 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:

On 3/15/06 the employee sustained a work related injury to the left ankle. The medical records indicate there has been ongoing left ankle pain with osteoarthritis and right ankle osteochondral lesion. Treatment included; analgesics medications, TENS unit, topical steroid cream, X-rays and MRI. A retrospective request was submitted for Norco, Terazosin, Simvastatin, Omnicef, Bactrim and Naprosyn.

MTUS Chronic Pain Guidelines indicate there is no evidence that suggests NSAIDs (Naprosyn) are effective for long term improvement of pain and function. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with the individual needs and goals. Based on the medical records reviewed, the employee has not had a follow-up with the podiatrist, and has not been evaluated for the continuation of Naprosyn at the lowest effective clinical dose. The request for Naprosyn 500mg BID, Qty: 60 **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

/db

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.