
Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

1/26/2012

7/18/2013

CM13-0001952

- 1) MAXIMUS Federal Services, Inc. has determined the request for **a one month supply of Ultram 50mg tablets is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **a one month supply of Anaprox DS 550 mg tablets is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **a one month supply of Norco 10/325 mg tablets is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **a one month supply of Prilosec delayed release 20mg capsules is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 one month supply of Ultram 50mg tablets** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **a one month supply of Anaprox DS 550 mg tablets** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **a one month supply of Norco 10/325 mg tablets** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **a one month supply of Prilosec delayed release 20mg capsules** 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 ABFP, has a subspecialty in ABPM 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.

Expert Reviewer Case Summary:

The patient is a 42 year old female who suffered a work injury on January 26, 2012 with resultant shoulder and cervical pain. She underwent shoulder decompression surgery, injections and therapy. She also developed cervical spinal stenosis. A progress note from August 30, 2012 noted she was taking Tramadol, Prilosec, Vicodin and Aspirin for pain management. A more recent note on April 8, 2013 stated she was on similar medications with the exception of Anaprox instead of Aspirin. A progress note on June 18, 2013 indicated a refill was requested of the above medications.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a one month supply of Ultram 50mg tablets:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 22, 93-97, 91 and 68, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol/Opioids, pages 80-81, 83-84, and 113, which are part of the MTUS.

Rationale for the Decision:

As noted in the guidelines referenced above, Ultram (an opioid) is not recommended as first line therapy for Osteoarthritis. It has also limited efficacy beyond 16 weeks for back pain and has minimal benefit for mechanical pain. A recent study cited on page 84 in the MTUS guidelines states that tramadol improved function for up to three months. The records provided for review show that Ultram was used beyond three months and combined with other opioids (Norco) without any documented benefit beyond three months that was specific to this medication. **The request for one month supply of Ultram 50mg tablets is not medically necessary and appropriate.**

2) Regarding the request for a one month supply of Anaprox DS 550 mg tablets:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 22, 93-97, 91 and 68, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 67-68, which are part of the MTUS.

Rationale for the Decision:

According to the MTUS guidelines, NSAIDS such as Anaprox are not first line treatment for back pain or Osteoarthritis. First line therapy is Acetaminophen. There is inconsistent evidence for its use in neuropathic pain. In addition, this medication was combined with two opioid medications (Norco and Ultram). There is no documentation in the records provided for review demonstrating the particular efficacy in pain management for this employee using Anaprox in

combination with opioids. **The request for one month supply of Anaprox DS 550mg tablets is not medically necessary and appropriate.**

3) Regarding the request for a one month supply of Norco 10/325 mg tablets:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 22, 93-97, 91 and 68, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 77 and 80-84, which are part of the MTUS.

Rationale for the Decision:

According to the guidelines, extended release opioids should be used for chronic pain. Norco is a short acting opioid. Long-term efficacy of opioids for longer than 16 weeks has not been established. The employee in the case was on Norco beyond 16 weeks according to the submitted records. It is also rarely beneficial for mechanical or compressive etiologies. Furthermore, Norco was used along with NSAIDs and another opioid in this case compounding risk of addiction and side effects. **The request for a one month supply of Norco 10/325 mg tablets is not medically necessary and appropriate.**

4) Regarding the request for a one month supply of Prilosec delayed release 20mg capsules:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Pages 22, 93-97, 91 and 68, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 68, which is part of the MTUS.

Rationale for the Decision:

Proton pump inhibitors such as Prilosec are indicated for high-risk patients such as those with high risk for gastrointestinal (GI) side effects. For dyspepsia, switching NSAIDs is recommended before adding Prilosec. There is no documentation provided suggesting the employee was at risk for a GI event. Furthermore, its use would typically be with an NSAID. In this case the further use of NSAID is not medically necessary and Prilosec would also not be needed. **The request for a one month supply of Prilosec 20 mg capsules 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

/dso

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.