
Notice of Independent Medical Review Determination

Dated: 10/31/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

12/17/2001

7/23/2013

CM13-0002474

- 1) MAXIMUS Federal Services, Inc. has determined the request for Dexilant 60mg qd (every day) for gastroesophageal reflux disease (GERD) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Fentanyl 75 mcg/hour patch 72 hour **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Norco 325mg - 10 1 q6h (every six hours) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Topamax 50mg 3/day **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 Dexilant 60mg qd (every day) for GERD **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Fentanyl 75 mcg/hour patch 72 hour **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Norco 325mg - 10 1 q6h (every six hours) **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Topamax 50mg 3/day **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent physician 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 15, 2013:

"This is a 64-year-old female with a 12/17/2001 date of injury. A specific mechanism of injury has not been described. 7/31/13 progress note identifies that the patient presents with moderate to severe, fluctuating, persistent back pain, gluteal pain, and left flank pain. The pain radiates to the left calf, left foot, and left thigh. There is numbness, stabbing, and throbbing. Physical examination revealed no gross abnormalities. Diagnostic impression includes spondylosis, lumbar without myelopathy, sciatica, and low back pain.

"5/15/13 note, Dr. [REDACTED] states that the patient has had her back pain condition for an extended amount of time. She has had physical therapy and a biopsychosocial program. She has a spinal cord stimulator (11/6/11). Dr. [REDACTED] states that the patient is on Topamax 50 mg one tab twice a day (usage started 2/20/13), Pristiq 100 mg once a day, omeprazole 40 mg once a day, Norco 325/10 mg (usage started 12/29/11), Fentanyl 50 mcg/hr every 3 days (usage started 1/21/13). Dr. [REDACTED] identifies a discussion regarding the use of narcotic pain medications with the patient. There is a review of side effects, discussion of abuse/habituations, and compliance. Dr. [REDACTED]

identifies that the patient has an increased functional capacity with the current medications.

“The request is for 1. Dexilant 60 mg qd for GERD (FDA review: Dexilant 60 mg was studied and provided no additional clinical benefit over Dexilant 30 mg.);

2. Fentanyl 75 mcg/hr patch 72 hour;

3. Norco 325 mg -10, 1 Q6h;

4. Pristiq 50 mg i bid;

5. Topamax 50 mg 3/day.”

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 dated 7/25/13
- Utilization Review Determination from [REDACTED]
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for Dexilant 60mg qd (every day) for GERD is:

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), Pain Chapter, Proton Pump Inhibitors section and www.drugs.com, Dexilant section, which are not part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Page 68, NSAIDs, GI Symptoms & Cardiovascular Risk, which is a part of the MTUS.

Rationale for the Decision:

The employee sustained a work related injury on 12/17/2001. The medical records provided for review indicate treatments have included a spinal cord stimulator, medications, home exercise and physical therapy. The request is for Dexilant 60mg qd (every day) for GERD.

MTUS California Guidelines do recommend proton pump inhibitors with the use of NSAID medications for gastrointestinal upset. Although the employee does have documented use of NSAID medications included in his/her current medication regimen, there is no documentation in the records provided indicating the need for Dexilant. The employee does not have a documented diagnosis of GERD. There is also no indication that the employee complains of gastrointestinal upset requiring the medication. The employee had previously been on Omeprazole. There was no clear discussion regarding failure of a first line agent or reasoning to switch to Dexilant. The use of Omeprazole or Lansoprazole is recommended prior to Dexilant therapy, as Dexilant is considered a second line medication. There is no documentation to indicate the employee had failed Omeprazole. **The request for Dexilant 60mg qd (every day) for GERD is not medically necessary and appropriate.**

2) Regarding the request for Fentanyl 75 mcg/hour patch 72 hour:

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), Duragesic section, which is part of the MTUS. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work related injury on 12/17/2001. The medical records provided for review indicate treatments have included a spinal cord stimulator, medications, home exercise and physical therapy. The request is for Fentanyl 75 mcg/hour patch 72 hour.

MTUS Guidelines state that Duragesic is indicated in the management of chronic pain in individuals who require continuous opioid analgesia for pain that cannot be managed by other means, but not recommended as a first line therapy. The employee does have documentation of chronic pain. However, the employee does have a spinal cord stimulator. The employee was noted to have been a longtime user of fentanyl. However, there is no indication regarding monitoring for adherence to include a urine drug screen as recommended by the California Guidelines for ongoing use of opioid medications. Continuation of the medication would not be supported. **The request for Fentanyl 75 mcg/hour patch 72 hour is not medically necessary and appropriate.**

3) Regarding the request for Norco 325mg -10 1 q6h (every six hours):

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), which is a part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Chapter, Pages 4 and 78, which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work related injury on 12/17/2001. The medical records provided for review indicate treatments have included a spinal cord stimulator, medications, home exercise and physical therapy. The request is for Norco 325mg -10 1 q6h (every six hours).

MTUS/Chronic Pain Medical Treatment Guidelines do not support ongoing opioid therapy without documentation of the 4 A's. The employee is noted to be a long-term user of opioid medication. Although the medical records provided for review do indicate that the employee did not display aberrant drug taking behavior, the medical records do not contain documentation indicating compliance by way of urine drug screen. **The request for Norco 325mg -10 1 q6h (every six hours) is not medically necessary and appropriate.**

4) Regarding the request for Topamax 50mg 3/day:

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), Anti-epilepsy drugs (AED), Topiramate (Topamax), pages 16-21, which are part of the 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:

The employee sustained a work related injury on 12/17/2001. The medical records provided for review indicate treatments have included a spinal cord stimulator, medications, home exercise and physical therapy. The request is for Topamax 50mg 3/day.

MTUS Guidelines indicate Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed. Based on the medical records provided for review there is no documentation to indicate the employee has failed other anticonvulsants prior to utilizing Topamax. **The request for Topamax 50mg 3/day 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

/slm

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.