

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 1/25/2009
IMR Application Received: 7/23/2013
MAXIMUS Case Number: CM13-0002705

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: UPHOLD. This means we decided that none 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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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:

This 44-year-old male sustained an injury on 1/25/09. The mechanism of injury was due to lifting a 150 pound sack of coffee, causing pain to his groin and lower back. The patient underwent left groin hernia repair and umbilical hernia repair with mesh. The diagnoses were chronic low back pain secondary to lumbosacral degenerative disc disease with foraminal stenosis; status post umbilical hernia repair and bilateral inguinal hernia repair; persistent groin pain; insomnia; and sexual dysfunction. The follow-up report dated 7/2/13 noted the patient was complaining of persistent groin pain, abdominal pain, and low back pain. The patient stated that his medication included Endocet, he only received 30 tablets instead of 60, and he was feeling miserable and frustrated. He had not seen an internal medicine or family practice physician regarding his abdominal pain and blood in his urine. The patient had been tolerating modified work duties. The objective findings noted his lumbar range of motion was decreased secondary to pain. He had a slight antalgic gait. The plan was to refill his Endocet 10/325 mg, dispensed #60. He was to continue Duexis 800 mg 1 by mouth (po) twice a day (bid) to 3 times a day (tid), dispensed #90, and was to continue with his Lyrica and Lidoderm patch.

IMR DECISION(S) AND RATIONALE(S)

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

1. Duexis 800/26.6 mg, #90/30 days is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, pages 68-70, NSAIDS, which is part of MTUS. The Claims Administrator also based its decision on Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Pain-Compounded Drugs, which is not part of MTUS. The

Claims Administrator also based its decision on Physicians' Desk Reference (PDR), 2013, which is not part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), NSAID's pages 68-70, which is part of MTUS. The Physician Reviewer also bases his/her decision on Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Pain-compounded drugs, which is not part of MTUS. The Physician Reviewer also bases his/her decision on Physicians' Desk Reference (PDR), 2013, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines do not recommend the long-term use for non-steroidal anti-inflammatory drugs. The guidelines indicate that NSAIDS can, "cause ulcers and bleeding in the stomach and intestines at any time during treatment." The medical records provided for review indicate that the employee has continued abdominal and low back pain, and has developed blood in the urine. Continuation of this medication would be contraindicated. The medical records also indicate that the employee has been on this medication for an extended duration without any evidence of pain control or functional benefit. The continued use would not be supported by guideline recommendations. **The request for Duexis 800/26.6 mg #90/30 days is not medically necessary or appropriate.**

/sm

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]

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