

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	8/10/2009
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002873

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Motrin 800mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 600mg #180 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 **Motrin 800mg #60** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 600mg #180** 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 Family 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.

Expert Reviewer Case Summary:

The patient is a 52 year old male with a date of injury of 8/10/2009. Under consideration are requests for one prescription of Motrin 800mg #60 and one prescription of Gabapentin 600mg #80. A phone call to the requesting provider was attempted at 3:25 PM on 7/18/2013 in order to discuss the requested care. The provider was unavailable; therefore, a message was left with [REDACTED] which included the reviewer's contact information and schedule. According to available documentation, the patient was under treatment for chronic neck pain, low back pain, right shoulder pain, hip pain, and bilateral lower extremity pain. Per the 6/1/13 report from Dr. [REDACTED], the patient's relevant objective findings included lumbar paravertebral muscle tenderness, which was worse on the right, increased hypertrophic changes of the right paravertebral muscles, decreased lumbar range of motion, negative lumbar facet loading and FABER test bilaterally, 4+/5 weakness of the right ankle plantar/dorsiflexors, brisk but symmetric bilateral deep tendon reflexes, and a mild decrease in sensation to light touch in the L3/L4 dermatome. Prior electromyographic testing from 7/19/11 was normal. An MRI study of the hips performed on 12/21/10 revealed severe degenerative changes of the right hip with a complex tear of the right acetabular labrum, right hip joint effusion and synovitis and left hip degenerative changes with fraying acetabulum with paralabral cyst versus subjacent osseous cystic change. Recent treatment had included medication management, right shoulder injections, physical therapy, modified activities, home exercises, and prior right shoulder surgery on 4/11/11. Despite recent treatment, the patient reported that the symptoms were worsening.

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 Motrin 800mg #60:

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, NSAIDs, which is part of the MTUS.

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

Rationale for the Decision:

The employee continues to have symptoms of chronic hip, shoulder, lumbar, cervical and lower extremity pain. NSAIDs are not medically necessary for the medical management of chronic musculoskeletal pain. According to the records provided for review, the employee consistently reports to the primary doctor that the pain level is 8/10 on the pain scale. The chronic pain guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with mild to moderate pain, and that there is no evidence of the long-term effectiveness for pain or function. The guidelines also state that NSAIDs are recommended as an option for short-term symptomatic relief of back pain. **The request for Motrin 800mg #60 is not medically necessary and appropriate.**

2) Regarding the request for Gabapentin 600mg #180:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 49, which is part of the MTUS.

Rationale for the Decision:

As stated in MTUS Chronic Pain Medical Treatment Guidelines, pg. 49, "Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." After a review of all the medical records presented for review, there is no data to support any of these diagnoses. **The request for Gabapentin 600mg #180 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.