
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 7/12/2007
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002886

- 1) MAXIMUS Federal Services, Inc. has determined the request for fasting labs QTY: 1.00 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Hydrochlorothiazide (HCTZ) 12.5mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Nexium 40mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Probiotics #180 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Aspirin (ASA) EC 81mg #90 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Sentra PM, four (4) bottles **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Ranitidine 150mg, four (4) bottles **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 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 fasting labs QTY: 1.00 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Hydrochlorothiazide (HCTZ) **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Nexium 40mg #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Probiotics #180 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Aspirin (ASA) EC 81mg #90 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Sentra PM, four (4) bottles **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Ranitidine 150mg, four (4) bottles **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 Physical Medicine and Rehabilitation, 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 9, 2013:

██████████ is a 62 year old (DOB: ██████████ female ██████████ (DOH: 06/08/99) for ██████████ who had cumulative trauma to both upper extremities. Over the last several years the patient has had progressive increasing pain in her wrist and noted numbness and tingling and has subsequently diagnosed with carpal tunnel syndrome with date of injury on 07/12/07 injuring her cervical, wrists, right shoulder, and complex regional pain syndrome. The cervical, wrists, right shoulder, and complex regional pain syndrome have been accepted by the carrier. The carrier has objected the claim for psyche. Work Status: She is currently not working.

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 7/24/13)
- Utilization Review Determination from [REDACTED]
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for fasting labs QTY: 1.00:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 70, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on 07/12/07 resulting in cumulative trauma to the bilateral upper extremities and cervical spine. The medical records provided for review indicate treatments have included medications and labs. A request for fasting labs QTY: 1.00 was submitted.

The California MTUS Chronic Pain Medical Treatment Guidelines do not specifically address fasting labs, although monitoring of CBC, liver function and kidney function are recommended for patients utilizing chronic NSAIDs. The employee just underwent lab value studies in June 2013, and the current request is not supported. The request for fasting labs QTY: 1.00 **is not medically necessary and appropriate.**

2) Regarding the request for Hydrochlorothiazide (HCTZ) 12.5mg #90:

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

Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not address the issue is dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines, Diabetes Chapter, Hypertension section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 07/12/07 resulting in cumulative trauma to the bilateral upper extremities and cervical spine. The medical records

provided for review indicate treatments have included medications and labs. A request for Hydrochlorothiazide (HCTZ) 12.5mg #90 was submitted.

Clinical notes submitted for review show the employee has a chronic history of hypertension. The ODG recognizes Hydrochlorothiazide to be utilized as recommended medication step therapy for hypertension. The request for Hydrochlorothiazide (HCTZ) 12.5mg #90 **is medically necessary and appropriate.**

3) Regarding the request for Nexium 40mg #90:

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

Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 68-69, which are part of the California 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:

The employee sustained a work-related injury on 07/12/07 resulting in cumulative trauma to the bilateral upper extremities and cervical spine. The medical records provided for review indicate treatments have included medications and labs. A request for Nexium 40mg #90 was submitted.

Clinical notes submitted for review show the employee uses Nexium, ranitidine, and omeprazole. Records also indicate the employee has gastroesophageal reflux disease and uses anti-inflammatories. Three medications to treat the same symptomatology is excessive. The MTUS Chronic Pain Guidelines indicate recommend 20mg of Omeprazole once a day for short-term use in patients at increased risk of gastric effects from chronic use of NSAIDs. Long term use and high doses are not recommended. The request for Nexium 40mg #90 **is not medically necessary or appropriate.**

4) Regarding the request for Probiotics #180:

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

Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not address the issue in dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter, Medical Food section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 07/12/07 resulting in cumulative trauma to the bilateral upper extremities and cervical spine. The medical records provided for review indicate treatments have included medications and labs. A request for Probiotics #180 was submitted.

The ODG indicates medical food is a food which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation. The clinical notes fail to evidence a specific rationale for the employee's utilization of this medication. The request for Probiotics #180 **is not medically necessary and appropriate.**

5) Regarding the request for Aspirin (ASA) EC 81mg #90:

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, Nonprescription Medications section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 69, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 07/12/07 resulting in cumulative trauma to the bilateral upper extremities and cervical spine. The medical records provided for review indicate treatments have included medications and labs. A request for Aspirin (ASA) EC 81mg #90 was submitted.

The California MTUS Chronic Pain Medical Treatment Guidelines, page 69, indicates that in terms of actual cardioprotective effect of aspirin, traditional NSAIDS both ibuprofen and naproxen appear to attenuate the antiplatelet effect of enteric-coated aspirin and should be taken 30 minutes after aspirin or 8 hours before. The provider failed to document the rationale for the employee's utilization of this medication. The request for Aspirin (ASA) EC 81mg #90 **is not medically necessary or appropriate.**

6) Regarding the request for Sentra PM, four (4) bottles:

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, Medical Foods section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. 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 07/12/07 resulting in cumulative trauma to the bilateral upper extremities and cervical spine. The medical records provided for review indicate treatments have included medications and labs. A request for Sentra PM, four (4) bottles was submitted.

Records submitted for review show the employee underwent a sleep study to confirm a diagnosis of obstructive sleep apnea. The records fail to show the employee has had positive results with the current medication regimen, as the records show the employee sleeps 2-3 hours per night. The ODG indicates medical food is a food which is formulated to be consumed or internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation. The request for Sentra PM, four (4) bottles **is not medically necessary or appropriate.**

7) Regarding the request for Ranitidine 150mg, four (4) bottles:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), NSAIDS section, which is part of the California 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:

The employee sustained a work-related injury on 07/12/07 resulting in cumulative trauma to the bilateral upper extremities and cervical spine. The medical records provided for review indicate treatments have included medications and labs. A request for Ranitidine 150mg, four (4) bottles was submitted.

Clinical notes submitted for review show the employee uses Nexium, ranitidine, and omeprazole. Records also indicate the employee has gastroesophageal reflux disease and uses anti-inflammatories. Three medications to treat the same symptomatology is excessive. The MTUS Chronic Pain Guidelines indicate recommend 20mg of Omeprazole once a day for short-term use in patients at increased risk of gastric effects from chronic use of NSAIDs. Long term use and high doses are not recommended. The request for Ranitidine 150mg, four (4) bottles **is not medically necessary or 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

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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.