

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	8/22/2008
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002915

- 1) MAXIMUS Federal Services, Inc. has determined the request for prescription Naproxen 550mg 1 tablet by mouth three times a day **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20 mg #60 **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 7/3/2013. 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 prescription Naproxen 550mg 1 tablet by mouth three times a day **is not medically necessary and appropriate.**
- 1) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20 mg #60 is not **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Osteopathic Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in Arizona. 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 55-year-old with a past medical history of hypertension and hypothyroidism who is treated for multiple musculoskeletal complaints due to repetitive office work. The date of injury is 8/22/08 and includes shoulder pain, sprain and strain of neck and bilateral carpal tunnel syndrome secondary to repetitive office work. The patient had a right carpal tunnel release on 10/16/12, a left carpal tunnel release on 5/8/12 and a left shoulder arthroscopic subacromial decompression on 5/8/12. The patient is followed by Dr. [REDACTED] who is prescribing naproxen 550mg orally twice daily and prilosec 20mg orally twice daily for pain and stomach protection respectively. Physician progress notes from 10/9/12, 1/29/13, 3/12/13, 4/30/13, 5/21/13 and 6/11/13 are reviewed as well as preoperative evaluation, physical therapy notes and the operative reports. Naproxen and prilosec were initially ordered on 1/29/13 each with a quantity of 60 tablets.

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:

[REDACTED]

1) Regarding the request for prescription of Naproxen 550mg 1 tablet by mouth three times a day:

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 67 – 73, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, which is a part of the MTUS.

Rationale for the Decision:

Per MTUS-Chronic pain section on NSAIDS, naproxen is a Non steroidal anti-inflammatory (NSAID) medication used for the relief of the signs and symptoms of osteoarthritis. It can be used as a first-line treatment for pain associated with osteoarthritis but has more adverse effects than placebo and acetaminophen. It is used as a second-line treatment for acute exacerbations of chronic back pain. All NSAIDs have the potential to raise the blood pressure in susceptible patients.

A review of the records indicates that this employee has a history of hypertension and chronic pain. The use of naproxen would not be a first-line choice for chronic neck and shoulder pain given the potential for adverse effects including edema and hypertension. Furthermore there is no documentation that demonstrates a functional improvement while taking any NSAID medications. **The request for prescription of Naproxen 550mg 1 tablet by mouth three times a day is not medically necessary and appropriate.**

2) Regarding the request for Prilosec 20 mg #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, pages 67 – 73, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 68, NSAIDs, GI symptoms and cardiovascular risk, which is a part of the MTUS.

Rationale for the Decision:

MTUS-chronic pain section on the use of NSAIDs and gastrointestinal (GI) symptoms notes that it is appropriate for a patient to be treated with a proton pump inhibitor (Prilosec) when they are at intermediate to high risk for GI complications. These risk factors are listed as age greater than 65, history of peptic ulcer disease or GI bleed or perforation, high dose NSAIDS or multiple NSAIDS, concurrent use of aspirin, corticosteroids or anticoagulants. A review of the records indicates no documentation that the employee has any of these risk factors. **The request for Prilosec 20 mg #60 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,

Paul Manchester, MD, MPH
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.