
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	10/5/2007
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003233

- 1) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm (lidocaine) 5% patch #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nortriptyline HCL 10mg #30 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Celebrex 100mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Prilosec (omeprazole) 20mg #30 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 Lidoderm (lidocaine) 5% patch #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nortriptyline HCL 10mg #30 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Celebrex 100mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Prilosec (omeprazole) 20mg #30 **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 Preventative Medicine and Occupational 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 18, 2013:

“The patient is a 43 year old male with a date of injury of 10/5/2007. Under consideration are prospective requests for one prescription of Lidoderm 5% patch #30; one prescription of Percocet 10-325mg #60; one prescription of nortriptyline HCL 10mg #30; one prescription of Celebrex 100mg #60; and one prescription of Prilosec 20mg #30.”

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
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Lidoderm (lidocaine) 5% patch #30 :

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 part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific page. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 56-57, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 10/5/2007 and is experiencing chronic neck, shoulder, and arm pain. Treatment has included analgesic medications; adjuvant medications; two prior left shoulder surgeries; psychotropic medications; and extensive periods of time off of work. The request is for Lidoderm (lidocaine) 5% patch #30.

The MTUS Chronic Pain Medical Treatment Guidelines specify that topical Lidoderm is recommended for localized peripheral pain/neuropathic pain after first-line antidepressant and/or anticonvulsants have been tried and/or failed. Medical records submitted and reviewed show no evidence of oral antidepressant and/or anticonvulsant failure. The criteria have not been met. The request for Lidoderm (lidocaine) 5% patch #30 **is not medically necessary and appropriate.**

2) Regarding the request for Nortriptyline HCL 10mg #30 :

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), Antidepressants for Chronic Pain 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 was injured on 10/5/2007 and is experiencing chronic neck, shoulder, and arm pain. Treatment has included analgesic medications; adjuvant medications; two prior left shoulder surgeries; psychotropic medications; and extensive periods of time off of work. The request is for Nortriptyline HCL 10mg #30.

The MTUS Chronic Pain Medical Treatment Guidelines specify tricyclic antidepressants such as Nortriptyline are first-line option in the treatment of neuropathic pain and possibly for non-neuropathic pain. Medical records submitted and reviewed document that the employee has chronic pain and ongoing issues with depression. Documentation submitted shows that the employee is deriving appropriate analgesia and improved performance of

activities of daily living through usage of Nortriptyline. The criteria have been met. The request for Nortriptyline HCL 10mg #30 **is medically necessary and appropriate.**

3) Regarding the request for Celebrex 100mg #60 :

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 part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. 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 22, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 10/5/2007 and is experiencing chronic neck, shoulder, and arm pain. Treatment has included analgesic medications; adjuvant medications; two prior left shoulder surgeries; psychotropic medications; and extensive periods of time off of work. The request is for Celebrex 100mg #60.

The MTUS Chronic Pain Medical Treatment Guidelines specify Cox-2 inhibitors such as Celebrex may be considered if an applicant has a risk of GI complications, but not for the majority of patients. Medical records submitted and reviewed show no evidence of GI issues, complaints and/or complications. The criteria have not been met. The request for Celebrex 100mg #60 **is not medically necessary and appropriate.**

4) Regarding the request for Prilosec (omeprazole) 20mg #30 :

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 part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific page. 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 was injured on 10/5/2007 and is experiencing chronic neck, shoulder, and arm pain. Treatment has included analgesic medications; adjuvant medications; two prior left shoulder surgeries; psychotropic medications; and extensive periods of time off of work. The request is for Prilosec (omeprazole) 20mg #30.

The MTUS Chronic Pain Medical Treatment Guidelines state proton pump inhibitors such as Prilosec (omeprazole) are indicated in the treatment of NSAID-induced dyspepsia. Medical records submitted and reviewed fail to establish the

presence of dyspepsia, either NSAID induced or stand-alone. The criteria have not been met. The request for Prilosec (omeprazole) 20mg #30 **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;

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

/ldh

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.