

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 11/10/2011
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003469

- 1) MAXIMUS Federal Services, Inc. has determined the request for TENS unit and patches **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Naprosym Sodium DS 550mg **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Ranitidine 150mg **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 7/15/2013. 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 TENS unit and patches **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Naprosyn Sodium DS 550mg **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Ranitidine 150mg **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 Preventive 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.

Expert Reviewer Case Summary:

All 23 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], is a represented [REDACTED] employee who has filed a claim for bilateral carpal tunnel syndrome reportedly associated with cumulative trauma at work first claimed on November 10, 2011.

Thus far, she has been treated with the following: Analgesic medications; left carpal tunnel release surgery on July 24, 2012; and electrodiagnostic testing of June 30, 2013, notable for bilateral carpal tunnel syndrome, right greater than left.

Specifically reviewed is prior utilization review report of July 8, 2013, in which non-certification of TENS unit, patches, and Zantac are endorsed.

Also reviewed is an appeal letter written by the attending provider of August 15, 2013, in which the attending provider puts forth the request for TENS unit and Naprosyn on a p.r.n. basis. It is stated that the applicant formerly used over-the-counter Naprosyn, which was not entirely effective. Finally, the attending provider states that he wishes to prescribe ranitidine or Zantac for prophylactic purposes, for any gastric impairment the applicant may develop from usage of Naprosyn.

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 TENS unit and patches:

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, page 114 & 116, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of TENS, page 116, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that TENS units can be employed in the treatment of chronic intractable pain in those individuals in whom other appropriate pain modalities, including analgesic medications, have been tried and/or failed. The guidelines also suggest that a one month trial of a TENS unit be tried before a purchase is requested. A review of the submitted medical records does not provide clear evidence of any use of oral analgesic failure. There is also no documentation that the employee had a one month trial of the TENS unit and whether or not the outcome showed improvement or failure. **The request for a TENS unit and patches are not medically necessary and appropriate.**

2) Regarding the request for Naprosyn Sodium DS 550mg :

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, page 47, which is part of the MTUS and the Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment. A review of the submitted medical records indicate that the employee was first instructed to use an over the counter naproxen, which was documented to be insufficient. **The request for Naprosyn Sodium DS 550mg is medically necessary and appropriate.**

3) Regarding the request for Ranitidine 150mg :

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 FDA, Ranitidine, which is not part of the MTUS.

The Expert Reviewer Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicates the use of prophylaxis with proton pump inhibitors and/or H2 antagonists is recommended only in those individuals using multiple NSAIDs, NSAIDs in conjunction with corticosteroids, and/or greater than 65 years of age.. A review of the submitted medical records indicates that the provider is requesting the medication as a prophylactic to reduce the incidents of GI side effects such as dyspepsia. The records reviewed do not provide any evidence that the employee has been diagnosis with dyspepsia, nor do the records provide any evidence that the employee has a history of usage of multiple NSAIDs, a history of corticosteroid usage, and the employee is less than 65 years of age. **The request for Ranitidine 150mg 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

/db

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.