

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	12/20/2001
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003727

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Align 4mg, #28 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Pantoprazole sodium 20mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Ranitidine HCL 150MG, #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Chlordiaz/Clidinium 5-2.5mg #120 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 **Align 4mg, #28 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Pantoprazole sodium 20mg #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Ranitidine HCL 150MG, #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Chlordiaz/Clidinium 5-2.5mg #120 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 Internal 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 66-year-old female who reported an injury on 12/20/2001 due continuous trauma while performing repetitive job duties. She is noted to have developed pain in her neck, both shoulders, as well as headaches. She was noted to have treated conservatively with trigger point injections, physical therapy, and medications. She is noted to complain of bilateral upper extremities pain and neck pain. She is reported to be prescribed Align 4 mg, pantoprazole sodium 20 mg, ranitidine HCL 150 mg, and chlordiazepoxide/clidinium.

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 (received 7/26/2013)
- Utilization Review Determination from [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Align 4mg, #28 :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based guidelines in its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Align package insert, online version.

Rationale for the Decision:

The records received indicate the employee reported an injury to the neck and bilateral upper extremities on 12/20/2001 due to cumulative trauma resulting from repetitive job duties. The employee is noted to have been treated conservatively with exercise, acupuncture, and trigger point injections. In the records submitted for review, the employee continues to complain of neck pain and bilateral upper extremities pain. The employee is reported to have been prescribed Align 4 mg. California MTUS, ACOEM, and Official Disability Guidelines do not address Align. Align package insert states Align contains Bifantis, a unique patented pure strain probiotic bacteria that helps maintain digestive balance. There is no indication the employee has been diagnosed with any GI upset other than occasional constipation due to her use of narcotic analgesics. **The request for Align 4mg #28 is not medically necessary and appropriate.**

2) Regarding the request for Pantoprazole sodium 20mg #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 pg. 67-69, which is a part of MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, NSAIDs, pg. 68-69, which is a part of the MTUS.

Rationale for the Decision:

After a review of the documentation provided for review, the employee is noted to have been prescribed pantoprazole sodium 20 mg to be taken twice a day. California MTUS Guidelines recommend the use of proton pump inhibitors such as pantoprazole sodium for patients at risk for gastrointestinal events with concurrent use of NSAIDs. A review of the records indicate that the employee is not noted to be taking a non-steroidal anti-inflammatory drug and is not noted to have a history of peptic ulcer, GI bleeding, perforation, or gastrointestinal events, the requested pantoprazole does not meet guideline recommendations. **The request for Pantoprazole sodium 20mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Ranitidine HCL 150MG, #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 pg. 67-69, which is a part of MTUS.

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

Rationale for the Decision:

California MTUS, Guidelines state that an H2- receptor antagonist or PPI should be considered for treatment of dyspepsia secondary to NSAIDs. As there is no documentation in the records submitted for review that the employee is taking NSAIDs or that there is a history of peptic or duodenal ulcers, nor is there a report of complaints of upper GI upset, the need for ranitidine HCL is not established. **The request for Ranitidine HCL 150 mg #60 is not medically necessary and appropriate.**

4) Regarding the request for Chlordiaz/Clidinium 5-2.5mg #120:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not site any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg 24, which is part of MTUS.

Rationale for the Decision:

The Librax drug package insert indicates chlordiazepoxide is a benzodiazepine indicated for the use of ulcers along with irritable bowel syndrome along with clidinium. California MTUS Guidelines do not recommend the use of benzodiazepines because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use of benzodiazepines for 4 weeks. As such, the requested chlordiazepoxide/clidinium does not meet guideline recommendations as the employee appears to be utilizing the medication on a long-term routine ongoing basis. **The request for Chlordiaz/Clidinium 5-2.5mg #120 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

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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.