

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 10/3/2003
IMR Application Received: 7/26/2013
MAXIMUS Case Number: CM13-0003790

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy x12 visits is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #180 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Terocin lotion #360ml 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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 **physical therapy x12 visits is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #180 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Terocin lotion #360ml 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 27 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is a 50-year-old, who has filed a claim for bilateral forearm pain, bilateral shoulder pain, left ring finger trigger finger, bilateral carpal tunnel syndrome, right shoulder pain, left shoulder pain, neck pain, and low back pain reportedly associated with an industrial injury of October 3, 2003.

Thus far, she has been treated with the following: Analgesic medications; two right shoulder arthroscopies; left shoulder arthroscopy; left ring finger trigger finger release surgery; topical analgesics; attorney representation; extensive periods of time off of work; and psychological counseling.

The most recent progress note on file dated March 9, 2013 is notable for comments that the applicant is Spanish-speaking. She has been off work and has run out of her medications and is experiencing a heightened numbness and tingling in her hands as a result. The patient has not been seen by the provider in six months. The applicant exhibits stiffness and pain about the left ring finger without overt triggering. Grip strength is diminished. Recommendations are made for the applicant to pursue a course of 12 sessions of treatment for her flare up of pain. She is given prescriptions for Voltaren, Prilosec, and Terocin. She is also given permanent work restrictions, which apparently are resulting in her being removed from work. These restrictions are unchanged from prior visit of February 7, 2013.

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 physical therapy x12 visits:

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, Passive therapy, Functional Improvement, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Management Guidelines, Physical Medicine, page 99, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend 9 to 10 sessions of treatment over 8 weeks for myalgias and/or myositis of various body parts. The guidelines also suggest that the patient taper and diminish the frequency of physical therapy over time and perform independent home exercises. A review of the submitted medical records does not provide any evidence as to why the employee needs a course of treatment in excess of the suggested guidelines. **The request for physical therapy x12 visits is not medically necessary and appropriate.**

2) Regarding the request for Prilosec 20mg #180 :

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, Prilosec ® (omeprazole) and NSAIDs, GI symptoms and cardiovascular risk, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain guidelines indicate Prilosec as a proton pump inhibitor, and is indicated in the treatment of NSAID-induced dyspepsia. A review of the medical records does not indicate that there is a diagnosis of dyspepsia, NSAID induced or stand alone. The limited information given, suggests that the employee is being given the proton-pump inhibitor for protective purposes without actual

symptoms of dyspepsia. The employee does not meet for prophylactic usage of a proton pump inhibitor, due to lack of evidence in the clinical notes. There is no documentation to support that the employee is using multiple NSAIDs in conjunction with corticosteroids and is not greater than 65. **The request for Prilosec 20mg #180 is not medically necessary and appropriate.**

3) Regarding the request for Terocin lotion #360ml :

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, Terocin Cream, Topical Analgesics, Lidocaine, topical Capsaicin, topical, Salicylate, topical, Non-Steroidals anti-inflammatory agents (NSAIDs) and Menthol, which are part of the MTUS.

The Expert Reviewer based his/her decision on Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), Oral Pharmaceuticals, page 47 and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, which are part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines suggest that oral pharmaceuticals represent the most appropriate first line palliative measure. Topical analgesics, per the ACOEM Table 3-1, are not recommended. The Chronic Pain Medical Treatment guidelines likewise deem topical analgesics largely experimental. The medical records reviewed indicate that the employee was issued a prescription for oral Voltaren. There is no evidence documented in the clinical reports that the employee has an intolerance and/or failure to the oral analgesic. **The request for Terocin lotion #360ml 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.